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{ Mr. E. W. Wilson L.B., L.M.S.  
D.S.O., R.A.M.C. (Ret.).

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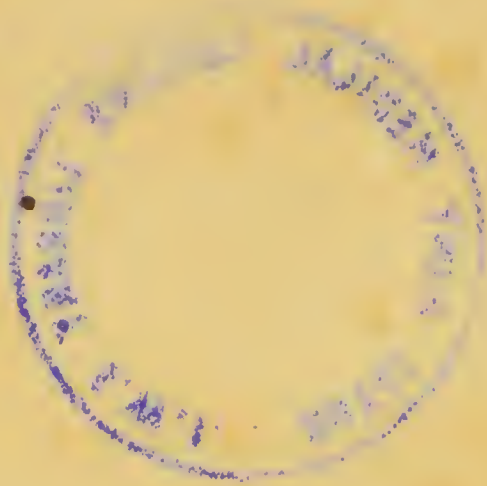
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SURGICAL OBSERVATIONS,  
PART THE SECOND:  
CONTAINING,  
AN ACCOUNT OF THE  
DISORDERS OF THE HEALTH IN GENERAL,  
AND OF THE  
DIGESTIVE ORGANS IN PARTICULAR,  
WHICH ACCOMPANY LOCAL DISEASES, AND  
OBSTRUCT THEIR CURE:—  
OBSERVATIONS ON  
DISEASES OF THE URETHRA,  
PARTICULARLY OF THAT PART WHICH IS SURROUNDED  
BY THE PROSTATE GLAND:—  
AND, OBSERVATIONS  
RELATIVE TO THE TREATMENT OF  
ONE SPECIES OF THE *NÆVI MATERNI*.

BY JOHN ABERNETHY, F. R. S.

HONORARY MEMBER OF THE ROYAL MEDICAL SOCIETY OF  
EDINBURGH, AND OF THE MEDICAL SOCIETIES  
OF PARIS, PHILADELPHIA, &c.  
ASSISTANT SURGEON TO ST. BARTHOLOMEW'S HOSPITAL,  
AND TEACHER OF ANATOMY AND SURGERY.

*“Chirurgo necessariam esse cognitionem Physices, Chimiæ, Logices,  
“omnis (fere) ambitus Medicinæ; neque solo manus exercitio veras  
“chirurgos fieri.”* HERM. BOERHAAV. Method. Stud. Med.  
locupletata ab Alb. von Haller.

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## P R E F A C E.

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IT is now nearly seven years since Mr. BOODLE, of Ongar, in Essex, told me that, in his opinion, many nervous diseases, and many pulmonary affections, originate in a disorder of the Liver. He regretted his inability to investigate the subject by dissection, and urged me to endeavour to ascertain, by that method, how far his ideas were well founded, or otherwise. The result of these enquiries is related at the conclusion of the first paper in this volume.

Having

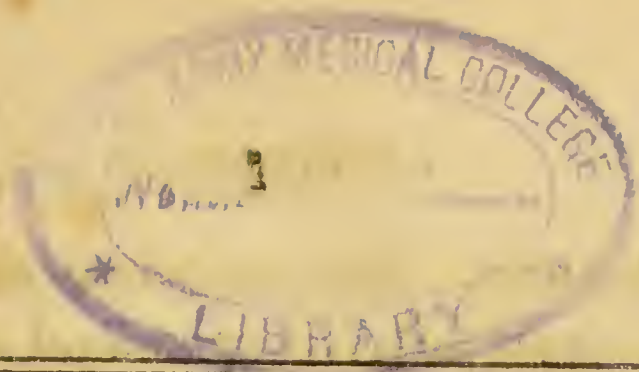
Having thus been led to pay attention to disorders of the digestive organs, and their connexion with other diseases, in the relation of cause or effect; the importance of the investigation in which I had engaged gradually increased in my estimation. I soon perceived that the subject was of the highest consequence in the practice of surgery; for local diseases disturb the functions of the digestive organs; and, conversely, a deranged state of those organs, either occurring in consequence of such sympathy, or existing primarily as an original disease, materially affects the progress of local complaints. The facts which I have collected, and the observations which I have made relative to these subjects, will be found in the subsequent paper. It seems to be the duty of every one to promulgate any useful facts which he may possess, relating to an important subject, in order to excite general attention to it; by which the knowledge of that subject is likely to obtain the greatest and most rapid increase.

increase. Influenced by this consideration, and believing that the facts which I have collected merit attention, I submit them to the judgment of the publick.

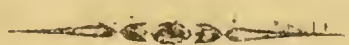
It is no more than justice to state, that opinions of a similar kind, with respect to the influence of the hepatic function on various forms of disease, have, for some years past, been delivered by Dr. CURRY, Physician to Guy's Hospital, in his lectures upon the Theory and Practice of Medicine; and that our surprise was mutual, at finding such coincidence of sentiment upon a subject hitherto so little adverted to. Until Dr. Curry, however, shall lay the result of his labours before the publick, which he is now preparing to do, it is impossible to say how far our ideas may correspond in the detail; but when two persons begin an investigation with principles nearly similar, it is not, perhaps, unreasonable to



to expect, that the facts which they collect, and the observations which they make, though in different lines of the profession, will be found mutually to support and illustrate each other.



*On those Disorders of the System in general, and of the digestive Organs in particular, which accompany local Diseases, and which, whether they be sympathetic or idiopathic, considerably obstruct the Cure of these Diseases.*



AN evil seems to me to have arisen from the artificial division of the healing art into the medical and surgical departments. This division has caused the attention of the physician and surgeon to be too exclusively directed to those diseases, which custom has arbitrarily allotted to their care. The effects of local disorders upon the constitution have, in consequence, been too little attended to; and indeed I know of no book, to which I can refer a surgical student for a satisfactory account of those febrile and nervous affections, which local disease produces, except that of

Mr. Hunter \*. The reciprocal operation of constitutional disorders upon local diseases has obtained still less attention. To investigate more particularly some parts of these subjects, and to bring them forwards to public notice, are the proposed objects of the present paper.

No part of the animal body can be very considerably disordered, without occasioning a correspondent derangement of the whole constitution. Such disorder has been considered by Mr. Hunter as the result of universal sympathy. This consent of the whole constitution with its parts, manifests itself, in particular instances, by a greater disturbance of the functions of some organs than of others; and from this circumstance these diseases have derived the appellations, by which they are commonly distinguished. If the actions of the sanguiferous system be principally disturbed, and the temperature of the body subject to unnatural variations, the disease is termed fever: if the nervous system be chiefly

\* Treatise on the Blood, Inflammation, &c.

affected,



affected, a state of vigilance or of delirium may be produced: convulsions and tetanus take place when the muscular system is more particularly disordered. Though the especial disorder of particular organs thus gives a character and denomination to the disease, it is sufficiently evident, in every instance, that the whole constitution is disturbed, and that parts of it are chiefly affected, perhaps from unknown circumstances relative to the nervous system, or it may be from a predisposition to disorder existing in the parts, which are chiefly affected. It seems to be ascertained, that persons of particular constitutions are predisposed to those febrile actions of the sanguiferous system, which constitute the inflammatory fever; that there is a propensity to convulsions in children, and to tetanus in the inhabitants of warm climates.

It may be a fit subject for enquiry, whether it be possible for particular organs to become affected otherwise, than through the medium of the nervous system in general. Though some instances of sympathy are strange, and perhaps



perhaps inexplicable, it must, I think, be admitted, that the inflammatory fever, the state of vigilance and delirium, convulsions and tetanus, which arise in consequence of injuries of the limbs, are produced by irritation imparted to the brain, which, by a kind of reflected operation, occasions a greater disorder of some organs than of others, and thus gives a character and denomination to the disease.

That the stomach and bowels are disordered by injuries and diseases of parts of the body, has been remarked by various persons; but the subject has never been extensively surveyed, nor viewed with that accuracy of observation, which its high importance merits. It has been observed that sprains of tendinous or ligamentous parts produce sudden sickness; and Mr. Hunter has attributed that shivering which is consequent to accidents, and attendant on some diseases, to the state of the stomach. It is also known that, in some local injuries from accident or operations, the stomach has appeared to be the part principally affected. But these remarks have been made only in a  
curfory

curfory manner; and it is my intention to examine the fubject more particularly. The connexion of local difeafes with the ftate of the conftitution in general alfo appears to me either not fufficiently underftood or not duly regarded by the generality of practitioners; and to this fubject I alfo mean to claim their particular attention. I fhall in the firft place felect two cafes to fhew how the ftomach and bowels, or, to fpeak yet more extenfively, the digestive organs may be affected from local diforder.

### C A S E.

A healthy gentleman, about twenty-five years of age, was induced to fubmit to an operation for the return of an adherent omental hernia, rather in order to remove the inconvenience and apprehenfion which the diforder occafioned, than from any urgent neceffity; for any increafed exertion in walking or riding produced the defcent of a portion of intefine behind the thickened omentum, and obliged him to ftop, and replace it: and  
 he

he frequently could not accomplish the reduction without considerable difficulty. The application of trusses had been quite ineffectual in obviating these alarming inconveniencies.

The patient's diet on the day preceding the operation was scanty, and consisted of fluid substances. He took on the morning of the operation some Epsom salts and manna, which operated twice, and seemed to have emptied his bowels. A portion of the omentum was cut off, and the remainder was returned after two vessels had been tied. The operation was followed by general disorder of the constitution, manifested by a full and strong pulse, furred tongue, great anxiety, restlessness, and total want of sleep. The stomach was particularly affected, being distended, uneasy on compression, and rejecting every thing that was swallowed. He was bled largely in the evening, and took saline medicines, but could not be prevailed on to swallow any thing else, except some toast and water. The sickness had in some degree abated on the next day. A solution of magnesia vitriolata in mint water  
was



was prescribed in small occasional doses, in order to relieve the distension of the stomach, and the unpleasant state of the tongue, by procuring some discharge from the bowels \*. In the course of the day he took an ounce of the salts, which was not rejected by the stomach, yet he could scarcely be prevailed

\* Patients not unfrequently suffer much after operations from disorder of the stomach, and sometimes die apparently in consequence of this affection, and not from local mischief. In these cases opium sometimes fails to quiet the irritability of the stomach; and I have always considered it as a primary object to produce secretions into the bowels, as I have observed that, if discharges can be procured per anum, the stomach becomes tranquil. The *magnesia vitriolata* dissolved in common mint water or peppermint water, in small and repeated doses, and clysters, are, I believe, generally directed to produce this effect. It must be acknowledged that it is disorder of the brain that affects the stomach; but the re-action of the latter affection increases and maintains the former, by which it was produced. These cases are exceedingly various with regard to the degree and kind of the disorder; sometimes the brain seems the part chiefly affected, and the nervous energy appears to be greatly impaired. In such cases cordials seem to be the only medicine that can be prescribed with probable benefit. Sometimes a low kind of delirium takes place, with but a slight degree of febrile action. Sometimes the delirium is more violent, and the febrile actions are proportionably increased, attended with subsultus of the muscles and occasional convulsions.

upon



upon to take any thing else. The tongue was still covered by a thick yellow fur; the skin was hot and dry, and the pulse frequent. As there was no particular tenderness about the hypogastric region, he was not again bled. The second night passed without the least sleep. As the salts had produced no effect, the same medicine was ordered in an infusion of senna, with the addition of some of the tincture, which, by being given in very small doses, was retained. As, however, no effect seemed likely to result from this medicine, a grain of calomel was given at night, and repeated on the following morning. Still the loathing of food continued. The third night passed, like the former ones, without the least sleep, and with great anxiety. On the next morning, two pills, containing five grains of the pil. colocynth. and the same quantity of the pil. aloet. cum myrrhâ, were given every fourth hour. These procured no stool, nor produced any sensation which inclined the patient to believe that they would operate. Again he passed a night without sleep; but, towards the morning, he felt his bowels  
apparently

apparently filling, to use his own expression, and a profuse discharge ensued. A dozen copious, fetid, and black evacuations took place between five and ten o'clock, and he had several others in the course of the day; after this, his appetite returned, his tongue became clean, and sound and continued sleep succeeded.

That the chylopoietic organs were in this case the parts chiefly affected, can scarcely be questioned. The sickness, the tenderness of the parts in the epigastric region, the dislike to receive any thing into the stomach, and the state of the tongue, all shew that the stomach was much disordered. The insusceptibility of the bowels to be operated on by those medicines, which would ordinarily have produced discharges from them, and the profuse evacuation which afterwards ensued, and relieved the patient, shew that these viscera participated in the affection. The black colour of the discharges shews, I think, that the secretion of the bile was not healthy. It is probable that some portion of the evacuated matter

matter proceeded from the liver, in which case it might be justly inferred that this organ was affected in common with the rest of the chylopoietic viscera.

It may be supposed, that the injury done to the omentum might contribute to produce the disorder of these organs, rather than of others. We do not, however, find that such effects commonly succeed to similar operations. The ill consequences in the present case were greater than might perhaps have been expected, if it were not known, that an operation performed on a healthy patient is more apt to produce considerable disorder, than where the constitution has previously sustained the irritation of a disease, for which the operation becomes necessary.

It is probable also that the restlessness and anxiety of the patient were aggravated, if not principally caused by the state of the chylopoietic viscera; since the relief which took place in those parts on the renewal of secretions into them, certainly removed the nervous symptoms.



symptoms. That the discharges were the effect of secretion is proved by the absence of alimentary matter in the bowels, in consequence of the action of the purgative administered on the morning of the operation, and the abstinence both before and after that period\*.

I could relate numerous cases in support of the inferences, which I have drawn from the preceding history; that local irritation affecting the nervous system may occasion a subsequent affection of the digestive organs of a

\* Two instances are recorded in Mr. Pott's Works of the operation for the reduction of an hernia being performed where no strangulation existed. See Pott's Works, vol. III. pp. 295, 299, edition of 1783.

The operation in the case just related was undertaken upon the authority of these cases, which were both successful. I performed a similar operation on a patient, whose life had been twice in imminent hazard from strangulation, in a case of adherent epiplocele, in which a truss did not keep up the hernia. This operation was followed by violent peritonitis, which could only be subdued by such copious and repeated venæsection, as endangered the patient's life. These cases have made such an impression on my mind, that I should be very averse in future to undertake similar experiments.



most momentous nature, and which appears to be the source of great general disorder of the system, because an amendment taking place in the state of those viscera, a corresponding alleviation of the general symptoms ensues. Such cases succeeding to great local irritation must frequently occur to every one; it is therefore unnecessary to adduce more instances.

I shall however relate another case to confirm the opinions which I have delivered, because it appears to me to elucidate still more my present subject.

### C A S E.

A gentleman fell with his leg between the bars of an iron grating, which served as a window to a cellar. The part was much bruised, the skin grazed, and the tibia broken into three or four pieces at its upper extremity. The limb was put up in splints by a neighbouring surgeon, and the next day the patient requested to see me in consultation. I attended

tended for a few days, but every thing went on so well, that I discontinued my regular visits, and only called occasionally, without seeing the limb. There was no inflammation; the swelling which had been occasioned by the bruise had subsided, and where the skin had been grazed, two or three trivial ulcers had taken place, which obliged the surgeon to open the bandages and dress them daily. The patient's health had been so good, that about three or four weeks after the accident, he had some friends to dine with him in his room, and afterwards played at cards with them, and parted with them, in the evening, in high spirits. In the middle of the same night, the patient suddenly became delirious, and I was sent for to meet the other surgeon in consultation. The delirium was then so great, that the patient knew not the persons in the room. On looking at the leg, with a view to inquire into the cause of this unexpected occurrence, it was found, that one of the ulcers of the skin on the outside of the limb, on which his position had produced some pressure, had become deep, and apparently penetrated the fascia,

fascia, so as to communicate with the fractured bone, and thus had converted a simple into a compound fracture. To this event we could not but attribute the sudden irritation of the constitution, and the delirium. Opium was immediately given, which quieted this disturbance in a considerable degree, so that on the next day the pulse was more tranquil, and there was no delirium. On the following day his stomach became affected; he was sick, could take nothing by the mouth, had the hiccough, and his abdomen was distended like that of a person in tympanitis; whilst the senses and intellect were not disordered as they had been. In this state he continued about twenty-four hours, when his sufferings were terminated by death. As some suspicions had arisen that the head or abdomen might have been hurt at the time of the accident, the body was inspected; but no injury of these parts was discovered. Upon examining the leg, it was found that the external wound communicated with the fractured tibia, which was broken into several pieces; some of the fractures, ascending in a perpendicular direction,

tion,



tion, communicated with the joint of the knee.

In this case the disease was of too short duration for observations to be made respecting the secretions of the chylopoietic organs; but it was evident that there was a complete atony of the stomach and intestines. The consideration of such cases as those which have been related, have convinced me that local irritation may produce a great disorder of the digestive organs. It must, I think, be granted, that it produces such effects through the medium of the nervous system, and that, by a kind of reflected operation, the digestive organs become affected so that the most manifest and greatest disorder seems to exist in them.

Now, if vehement local irritation can produce so violent a disturbance of the chylopoietic organs, it may be expected that a less degree of a similar cause will produce slighter effects of the same nature. Indeed, the foregoing cases were related not merely because  
they



they seemed worthy of record by themselves (for such histories are but rarely met with in medical books), but chiefly to prepare the reader for the observations which are to follow.

This flightier kind of derangement occurs in cancerous complaints, which rarely fail to be accompanied with disorder of the abdominal viscera; to which affection I am induced in general to attribute\* that difficulty of breathing which has been so generally remarked in the last stages of the disease. We find the same state of the chylopoietic organs in the advanced stages of lumbar abscess, compound fractures, and all kinds of local disease, which impart considerable and continued irritation to the whole constitution. We also find a less important disease, as for instance, a fretful ulcer, keep up a disorder of the system in general and of the digestive organs in particular, which subsides as the irritable state of the ulcer diminishes. But as practitioners in general may not perhaps have so attentively remarked

\* See Surgical Observations, Vol. I.

these circumstances as to be familiarly acquainted with them, it may be useful to mention a very common occurrence, which cannot have escaped observation. I allude to the effects of the irritation of teething upon the health of children. The Brain is sometimes so affected as to cause convulsions; the digestive organs are almost constantly disordered. The appetite fails; the tongue is furred; the secretions of the liver are either suspended, deficient, or vitiated. The bowels are either purged or costive, and the fæces fetid. The fæcal matter is often mixed with mucous and other secretions. There is also frequently a very troublesome cough. Such symptoms generally subside when the local irritation ceases, but sometimes the disorder of the digestive organs, thus excited, continues and disturbs the general health of the patient.

If local irritation be capable of disordering the bowels, we naturally conclude that it acts upon them through the medium of the brain. If also the brain and nervous system should be disordered, without any apparent

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local

local disease, we might expect similar derangements in the functions of the digestive organs. In cases, where some morbid poison is absorbed, which produces effects similar to those of syphilis, we frequently find the general irritation of the constitution accompanied also with that disorder of the bowels, which I now proceed more particularly to describe.

+ This slighter disorder of the chylopoietic organs is, in general, manifested by a diminution of the appetite and digestion, flatulence, and unnatural colour and fœtor of the excretions, which are generally deficient in quantity. The tongue is dry, whitish, or furred, particularly at the back part; this symptom is most apparent in the morning. As the disease advances, a tenderness is felt when the epigastric region is compressed, and the patient breathes more by the ribs, and less by the diaphragm than in the healthy state. The urine is frequently turbid. I am inclined to impute these symptoms (for reasons which will be hereafter mentioned) to an irritable state of the chylopoietic organs, which is accompanied  
by



by a deficiency or depravity of those secretions, upon the healthy quality of which, the right performance of their functions depends. As all the secretions poured into the alimentary canal are colourless, except the bile, in that alone can any defect or depravity be discovered by inspection.

Before I proceed, I may be allowed to enter more fully into a consideration of the symptoms which denote disorder of the digestive organs; in order to induce surgeons to pay that strict attention to them, which the importance of the subject so well deserves. It would indeed be impossible for the reader to understand, without such prefatory observations, my object in the treatment of the cases which will presently be related, or the opinions which I have formed, relative to their mode of cure.

The changes which the food undergoes in the digestive organs of the more complicated animals are threefold; and distinct organs are allotted to each of the three processes. Digestion

tion takes place in the stomach, chylication in the small intestines; and a third process, hitherto undenominated, is performed in the large intestines. It is probable that in some cases, one set of organs may be more disordered than the others, and of course one of these processes may fail more than the rest. For instance, the stomach may digest the food in a healthy manner, although the intestines do not perform their share of the changes, which they ought to effect.

Disorder of the stomach is generally manifested by the state of the tongue. If there be no fever to disturb the secretions in general, the change which is visible in the tongue can be imputed to no other cause than local disease, or a participation in a disorder of the stomach or lungs. Local irritation or mental anxiety will cause a white and dry tongue; but does not this effect arise through the medium of an affection of the stomach? For although the secretions of the tongue must partake of the general disturbance which prevails in fever, their especial disorder may be, in that case  
also,

also, not improperly attributed to the state of the stomach.

The state of the tongue is, in general, an infallible criterion of a disordered condition of the stomach; but it does not point out the kind and degree of that disorder. In recent and considerable affections, where the appetite is lost, and the digestive powers are greatly impaired, the appearances of the tongue are by no means so strikingly unhealthy as in more confirmed cases, where neither the appetite nor digestion appear materially deficient. It is probable that a continuance of irritation in the stomach may so affect the tongue, as to render unnatural secretions habitual to the part, and that these exist independently of the original cause, or may be reproduced by trivial degrees of disorder. Nay, sometimes the cuticle of the tongue seems to have lost its transparency, and to become permanently white, in consequence of continued irritation.

After making the allowances, which such circumstances require, we ~~may~~ in general be enabled



enabled to detect a disordered state of the stomach by observations made on the tongue: and, as it is of consequence to ascertain such disorder at an early period, when the symptoms are probably slight, this organ should be observed in the morning, when it will be found much furred, particularly at the part next the throat. Its appearance may vary in different parts of the day from varieties in the state of the stomach, depending on the excitement which is derived from food, or a state of irritation arising from too long fasting. The tongues of many persons with disorder of the stomach look moderately healthy during the day, though they have been so much furred in the morning, that it has been deemed necessary to scrape them.

A disordered state of secretion, either as to quantity or quality, will be the natural effect of irritation of a secreting organ. This is evidently the case with the tongue; and we may, with great probability, conjecture that the same consequence also takes place in the stomach. Since the juices of the stomach are the immediate  
agents

agents in digestion, that process must be disturbed in proportion as its secretions are deficient or vitiated.

If undigested matter pass from the stomach into the intestines, it can scarcely be supposed that their powers are capable of converting it into chyle; and it may become irritating to those organs in consequence of the chemical changes, which it may then undergo. Animal and vegetable matters experience considerable chemical changes before they leave the stomach; and these changes are likely to increase in proportion to the time during which they are detained, unless counteracted by the powers of the digestive organs, powers which seem chiefly to reside in the fluids which are secreted into them.

The extent of the power which the intestines possess of converting the substances contained in them into chyle, or of preventing chemical changes, is unknown. It is probable that much unassimilated matter is absorbed by the lacteals, when the digestive powers fail in  
their

their functions. This is demonstrably the case in diabetes, where the vegetable matter floats in the serum of the blood, rendering it turbid, and afterwards combines so as to form sugar in its passage through the kidneys. The strong odour, which various kinds of food impart to the urine, proves also the indiscriminate manner, in which different substances are absorbed from the intestines. May not a turbid and fetid state of the urine very frequently arise from a similar cause; viz. from the imperfect action of the digestive organs, in consequence of which, unassimilated matter is taken up by the lacteals, and afterwards separated from the blood, so as to impart these qualities to the urine? It may be reasonably conjectured that the same powers, by which the kidney converts the old materials of our body into that peculiar modification of animal matter, which is dissolved in the water of the urine, and which has been called by the French chemists *urée*, may also enable it, in a healthy and vigorous state, to dispose of much unassimilated substance in a similar way. The further consideration of this subject would, however, lead to



to a discussion foreign to the purpose of the present paper: it will be sufficient to remark at present, that the state of the urine may afford assistance in ascertaining the existence of disorder of the digestive organs, and in indicating its nature. It has been already mentioned, in the brief account of the symptoms, that the urine is frequently turbid. It should, however, also be observed, that the quality of the urine much depends on the state of the nervous system. It is frequently, in the disorders of which I am speaking, pale-coloured and copious, which is probably owing to a state of nervous irritation, such as exists in hysteria. It is not improbable that disorders of the digestive organs, by causing the frequent secretion of unnatural urine, may produce irritation, and subsequent disease of the kidneys.

Modern physiologists seem to agree in the opinion that the succus gastricus is the agent, by which digestion is effected; but they are not so unanimous as to the immediate cause of chylification. It is not improbable that the succus intestinalis is a principal agent, although  
its

its qualities have not yet been enquired into; for, indeed, the investigation would be attended with difficulties almost insuperable.

Since the bile and pancreatic liquor are poured into the intestines at a small distance from the stomach, it is natural to consider these fluids as useful in effecting the change, which the alimentary matter undergoes in the small intestines, namely, its conversion into chyle. The chyme, or aliment digested by the stomach, being viscid, the pancreatic juice has been considered as an useful and necessary diluent.

The uses of the bile have of late much engaged the attention of physiologists. Mr. Hunter observed that it did not seem to incorporate with the chyle; and it certainly cannot do so, and retain its own nature, since its colour and taste are so intense, that it would impart these properties to the chyle, if mixed with it in the smallest quantity. The difficulty of conceiving that the two fluids can be agitated together by the peristaltic motion of the intestines,

tines, without becoming incorporated, has led to an opinion that the bile may combine with the alimentary matter, and lose its original properties; but nothing of this kind is ascertained. Fourcroy thinks that the alkali and saline ingredients of the bile may combine with the chyle, and render it more fluid, while the albumen and resin may combine with the excrementitious matter. It is, indeed, evident that the bile combines either totally or partially with something separated from the chyle, and exists formally in it, and in a state of health uniformly dyes it of its peculiar colour; and therefore it has of late been supposed that the bile may serve to purify the chyle, by precipitating and combining with its feculent parts\*.

It has been said in the brief and general recital that has been given of the symptoms,

\* In the enquiry into the probable uses of the bile, it ought to be observed, that in many persons, in whom that secretion is either for a considerable time wholly suppressed, very deficient, or much depraved, it does not appear that the nutrition of the body is defective.

which



which characterize disorder in the chylopoietic organs, that the stools are of an unnatural colour and odour. Medical men entertain various opinions respecting the colour of the fæces : to me this property seems generally to depend on the kind and quantity of the bile. All the secretions, which are poured into the alimentary canal, except the bile, are colourless or white ; if, therefore, this fluid were wanting, the residue of the aliment would be of the colour, which might be expected to result from some of its undigested parts combined together. When, for instance, the secretion of bile is stopped by the irritation of teething in children, whose diet is chiefly bread and milk, the fæces are white ; when this secretion is obstructed in adults, the stools are pale like whitish-brown paper.

In cases of disease, however, coloured secretions may take place from the bowels. I have known instances, in which a fluid like coffee-grounds in colour and consistence was vomited ; and a similar matter, of darker colour and of an offensive smell, was discharged  
in

in great quantities per anum : and I have seen green bile mixed with these discharges. I have examined the bodies of persons who died of such attacks, and have found the lining of the alimentary canal highly inflamed, and apparently tending to mortification throughout its whole extent, without there being any disease of the liver. I am, therefore, fully aware that the fæces may be coloured by diseased secretions from the bowels themselves ; but, in my opinion, they very rarely derive their colour from this cause. Further ; an unhealthy colour of the fæces may be attributed to some degeneracy in the quality of the alimentary matter ; such as may be supposed to take place when the digestive organs fail in the performance of their offices, and different alimentary substances are in consequence detained in the bowels, where they may pass through chemical decompositions and re-combinations. But, though I am inclined to allow the full operation of these causes, the following reasons lead me to believe that the colour of the fæces generally depends on the kind and quantity of the bile. In the natural  
state

state of the digestive organs, when there is no peculiarity of diet, and no medicine is taken, the bile alone colours the residue of the food. The fæces voided during a state of disorder of the digestive organs are sometimes partially coloured; which circumstance cannot be well accounted for upon any other supposition than that of an irregular secretion of the bile. Fluids secreted from the intestines do not usually enter into combination with the fæcal matter, but appear distinctly when excreted. Thus we find mucus and jelly discharged from the bowels, unmixed with the fæces. Medicines which affect the liver produce a very sudden change in the colour of the fæces. Small doses of mercury, without any alteration of diet, sometimes change the stools immediately from a blackish to a light yellow colour, which indicates a healthy but deficient secretion of bile.

Healthy bile in the human subject is generally of a deep yellow brown colour; the brown seems to be the result of the yellow colour concentrated. It appears to me to be



be of the colour of wetted rhubarb; for, if a small portion of either of these substances be put into a large quantity of water, they will dye it of a bright yellow colour, which is actually the colour of these substances, yet it is so concentrated in the mass as to appear of a deep brown. Sometimes, indeed, we find green bile in the gall bladder, when the liver is not diseased. I cannot, however, but think that the natural colour is a yellow, so intense as to appear brown. Green bile is usually poured out in circumstances, where there is evident disorder of the digestive organs; and we cannot well suppose that there are two kinds of healthy bile. The quantity of this fluid should be such as completely to dye the excrement of its peculiar colour. By attending, therefore, to the colour of the fæces, the kind and quantity of bile, which the liver excretes, may in general be ascertained.

The colour of the alvine excretions in these disordered states of the viscera is various. Sometimes they appear to consist of the residue of the food, untinged in the least degree with bile.

bile. Sometimes they are of a light yellow colour, which denotes a very deficient quantity of healthy biliary secretion; they may also be of a deep olive, of a clay brown, and of a blackish brown; all which shew a vitiated state of the biliary secretion.

Any kind of brown, which dilution will not convert into yellow, I should consider as unhealthy, since the colour of healthy bile is a bright yellow, which by concentration appears brown.

Such are the circumstances which I have collected from my own observation, and the reports of others, relative to the alvine excretions, in the disorders which have been described.

I have dwelt thus particularly upon the subject of the biliary secretion, from a belief that its quantity and quality can, in general, be ascertained by inspection, and will therefore serve to indicate the presence of disorder. Whether the foregoing opinions be correct or  
not

not, it will, I think, be generally granted that the state of the excretions from the bowels commonly indicates the healthy or disordered state of those organs.

The effects, which medicine or diet may have upon the colour of the fæces, ought, however, to be considered. When the food is coloured, and this colour is not altered by digestion, it will, of course, appear in the fæces; hence if it should be thought desirable to know accurately the state of the biliary secretion, it would be right to restrict patients to a diet that is not likely to colour the fæces. The green colour of vegetables tinges the fæcal residue of the food. Steel also is known to influence the colour of the fæces. It should also be remarked that the exposure of the fæces to air after their expulsion, will, in some instances, cause a considerable alteration in their colour. In our endeavours, therefore, to ascertain whether the liver is performing its office rightly, by observing the colour of the fæces, attention should be paid to the circumstances which have been mentioned,



lest we should be deceived, in consequence of such inattention.

I conclude this review of the opinions entertained respecting chylicification, by observing that if the succus intestinalis be an agent in this function, disorder of the intestines is likely to affect its secretion, and thus impede this second important part of the process of assimilation.

The residue of the alimentary matter, mixed with the bile, passes from the small into the large intestines, and there undergoes a sudden change; it acquires a peculiar fœtor, and becomes what we denominate fœces. This change is so sudden, that it cannot be ascribed to spontaneous chemical alterations, (which would be gradual) but to some new animal agency. If the contents of the small intestines at their termination, and of the large at their commencement, be examined, they will be found totally different, even within a line of each other; the former being without fœtor, and the latter being in all respects  
what

what is denominated fæces. Though chemists then might speak of the fæculent matter of chyle as fæces, yet physiologists would rather apply that term to a change in the residue of the food, which takes place in the large intestines, and which seems to be effected by the animal powers of those organs. The fæces quickly suffer chemical decomposition out of the body, although they often remain in the bowels, without undergoing the same kind of change. Their chemical decomposition is attended with the sudden formation of ammonia; yet if they be examined when recent, they are found to contain acids which ammonia would neutralize. The inference, therefore, naturally arises, that this third process, amongst other purposes, may be designed so to modify the residue of the alimentary matter, as to prevent it from undergoing those various chemical changes, which might be stimulating to the containing organs, as well as injurious to the general health.

In a perfectly healthy state of the digestive organs, probably no chemical decomposition,

even of the fæces, takes place; yet such changes happen, in some degree, without apparently producing any injurious consequences. To chemical changes we may probably attribute the extrication of inflammable air, and the various and unnatural odour of the fæcal matter, which is observable in disordered states of the digestive viscera,

The means by which this modification of the residue of the food, which takes place in the large intestines, is effected, are but little known. Analogy leads us to refer it to the effects of a secretion from the lining of those intestines in which it takes place. Now if this secretion deviates from the healthy standard, in consequence of an irritated or disordered state of those organs, we may reasonably expect a corresponding derangement of the process, by which the residue of the food is converted into fæces.

Having taken this general view of the functions of the chylopoietic viscera, in order to facilitate the forming a judgment relative to those



those circumstances which indicate their derangement, I return to speak more fully of that affection of them, which I have described, as arising in surgical cases from the irritation, which local disease or morbid poisons produce upon the sensorium. This subject, it must be acknowledged, is very important, if it can be shewn that disorders of the digestive organs are the cause of a great number of other diseases. The enquiry would then not only lead us to discover the source of many disturbances of the general health, which originate in those of the digestive organs (for patients have no suspicion of any disorder existing in them), but would also lead to the prevention of many secondary diseases of a more vexatious and sometimes of a more fatal nature, than those from which they originated. If the tongue be furred at its back part in the morning, when there is no fever, and when the patient has taken no stimulating or indigestible food the preceding night, it is reasonable to infer in general that the state of the tongue is owing to its participating in the irritation of the stomach. Such participation produces an

alteration

alteration in the secretions of the tongue ; they are either deficient in quantity, or vitiated in quality ; and it is not unreasonable to suppose that the secretions of the stomach deviate in like manner from their healthy state. A state of irritation in any secreting surface is, indeed, likely to be attended with the same consequences. It is, therefore, fair to infer that, when a general disorder of the digestive organs takes place, those fluids, which produce the changes which the food undergoes in them, are deficient or depraved, and consequently that digestion and the subsequent processes must be but imperfectly performed. The liver is likely to participate in the disorder, and the biliary secretion is either diminished or vitiated. This circumstance admits of ocular demonstration ; and I have, therefore, considered it as an evidence of a more or less general disorder of the digestive organs. A very reasonable objection may, however, be made to considering the disorder of the functions of the liver as a criterion of those of the stomach and intestines ; since the liver is independent of the latter organs, and may be, as will presently

sently be mentioned, the subject of a disorder confined to itself. In some cases, also, disorder of the alimentary canal may take place, without disturbing the functions of the liver. Still, in general, disorders of the stomach and bowels affect the functions of the liver; and the state of the biliary secretion affords a very useful evidence of a more or less general disorder of the chylopoietic viscera, and should excite our attention to investigate its kind and degree. This disorder, which has been described, must also, I think, be considered as connected with a state of weakness of the affected organs.

It is said, in the recital of the symptoms denoting disorder in the digestive organs, that the fæces are generally deficient in quantity. This circumstance may be accounted for in various ways. It may be supposed that the bile being deficient in quantity, or of an unhealthy quality, may not precipitate the usual proportion of fæculent matter from the chyle. Persons whose bowels are lax, and do not appear to be deficient in their action of carrying downwards the fæculent matter, void it  
daily,



daily in deficient quantities. It may be supposed too that, either from the deficiency of bile, and consequent want of excitement, or from the effects of disorder, a torpid state of the bowels may exist, which causes them to carry downwards the fæculent matter in small quantities. The circumstance may cause a greater absorption of the fæces than what is natural, or an accumulation of them in the colon\*.

That the digestive organs in general are affected, in the cases alluded to, is most evident; but I am aware that many varieties of disorder may be included in the general description of the symptoms, which I have given. Future observations may lead to further distinctions; but I see no impropriety at present in speaking of the disordered state as general; since no material disorder can take place in one of the digestive organs, without disturbing the functions of the others. When digestion is imperfectly executed, the functions of the intes-

\* The cases related by Doctor Hamilton appear to shew that such accumulation sometimes takes place. See his *Treatise on the Effects of purgative Medicines*.

tinal canal will soon participate in the disorder of the stomach. Under these circumstances, the secretion of bile will also probably become irregular. Should disease commence in the large intestines, as about the rectum, it disturbs the functions of the stomach, and secretion of the liver, and becomes augmented in its turn by its sympathy with these parts. Should the liver be disordered in the first instance, the stomach and bowels may not immediately sympathize, although they will probably soon become affected.

I feel further warranted in considering the symptoms, which have been recited in the former part of this paper, as arising from a general disturbance of the functions of the digestive organs, from contemplating the effects of blows on different parts of the belly, which do not seem to have injured the structure of any single abdominal viscus, but which yet produce effects denoting a general disorder of the whole of these organs. The symptoms have varied in severity in proportion to the violence of the blow which had been received. In the  
cases

cases which were the consequence of the more forcible injuries the symptoms were, a furred tongue; great vomiting, so that the stomach could retain no food; difficulty of affecting the bowels by medicine; great fever; and even delirium. Indeed, all those effects were produced, which I have represented as arising from vehement local irritation of remote parts of the body. The disorder has generally terminated by a profuse discharge of black and fetid stools, after which the patient has perfectly recovered. On the contrary, where the symptoms consequent on the blow have been less violent, so as not to claim such strict attention, the disorder has continued. Persons who had been previously in perfect health, have become hypochondriacal, and have had all those symptoms of disorder of the digestive organs, which have been already enumerated as arising from a less degree of local irritation, with such consequent diseases as originate from such disorder, and which will be mentioned in the subsequent part of this paper.

In order to enquire more particularly into the nature of this disorder of the digestive organs,



organs, I have examined the bodies of a considerable number of persons who have died of cancer, lumbar abscesses, and other great local diseases. I knew that these patients had their digestive organs disordered in the manner that I have described, and that in many of them the secretion of bile had been suppressed for a great length of time, and, when it was renewed, that it was very deficient in quantity, and faulty in quality: yet, on dissection, no alteration was discovered in the structure of the chylopoietic viscera, which could be decidedly pronounced to be the effect of disease. It naturally excites surprise, that such a state of irritation, and imperfect performance of the natural functions of these parts should exist for so long a time, as in many cases it is known to do, without producing organic disease; still I believe it may be set down as an axiom, and which has been verified by every observation which I have made, that a state of irritation naturally leads to those diseased actions, which produce an alteration of structure in the irritated parts.

However,

However, where the disordered state of the bowels had been of longer duration, I have found the villous coat of the intestines swollen, pulpy, turgid with blood, and apparently inflamed, and sometimes ulcerated; and these appearances have been most manifest in the large intestines. Having observed repeatedly in dissections of these cases, that the large intestines were more diseased than the small ones, it occurred to me, that the fact might be accounted for in the following manner: If digestion is incomplete, the undigested food must be liable to chemical changes, and the products resulting from this circumstance, are likely to be most stimulating to the large intestines. Indeed, in advanced stages of this disorder, mucus and jelly tinged with blood are discharged, and it seems probable that a kind of chronic dysentery may be induced.

In some instances, where the disorder had existed for many years, the bowels have been diseased throughout their substance; the internal coat being ulcerated, and the peritoneal covering

covering inflamed, so that the convolutions of the intestines were agglutinated to each other. Here the liver also was much diseased, being tuberculated in every part. Such is the result of the information which I have obtained by dissection,

I have represented this disturbed state of the chylopoietic organs in surgical cases, as excited frequently by disorder of the sensorium, produced by great local disease, or from a similar disorder, occasioned by the absorption of morbid matter. The same affection, characterized by the same symptoms, occurs very frequently as an idiopathic complaint. The causes which have appeared to produce it, in the cases which have fallen under my notice, are improprieties of diet, a sedentary life, impure air, anxiety, and too great exertion of the mind or body. It is indeed no wonder, that the continual irritation of our unnatural diet, should, by degrees, produce such disorder of the digestive organs as I have described.

Whatever



Whatever *may* be the origin of this disease; whether it occur as a consequence of nervous disorder, or assume an idiopathic form, it uniformly disturbs the nervous system, when once established. When it is sympathetic, the effect becomes a cause, and maintains that disorder of the nerves, by which it was originally produced,

In the general enumeration of the symptoms, several circumstances have been omitted which occur occasionally, and which may, when the subject is better understood, denote peculiarities in the disease, and corresponding peculiarities in the medical treatment, which is required for its cure. I shall here notice a few of these. The appetite is sometimes moderately good, when the digestion is imperfect; and the latter may not be deficient, although the disease may still exist. In some instances indeed, the appetite is inordinate. Tenderness of the epigastric region on pressure, is not always an attendant, even on advanced stages of the disease. The bowels are alternately

nately costive, or lax even to purging\*. The urine is sometimes pale-coloured and copious like that of hysterical patients.

A disorder in the functions of the stomach and bowels, similar to that which has been here described, may exist without the functions of the liver being disordered; and again, the secretion of bile may be interrupted, without the digestive processes being materially impeded. Such circumstances may happen occasionally, but they are not ordinary occurrences, and should be considered as exceptions to general rules, which do not militate against their common operation.

Accurate attention to the subject, especially in medical cases, may lead to important subdivisions, which I have not yet been able to make. But when I find that irritation of the

\* I have known persons whose bowels were ordinarily costive, and whose general health was much deranged by disorder of the digestive organs, though they were unconscious of its existence, feel pleased that their bowels were in a comfortably lax state; yet on observing the stools, they resembled pitch in colour and appearance.

nervous system, however it may originate, deranges the chylopoietic organs, and affects the stomach, bowels, and liver, apparently at the same time, I think it fair to infer, that these organs are equally operated on by the same cause. Disorder of the brain may affect the chylopoietic organs; and it is well known that this influence is reciprocal. The stomach is said to be chiefly concerned in producing these effects; but the causes of the sympathetic affection are probably more general. A fit of passion has produced jaundice; and the irritation of teething in children frequently suspends the secretion of bile; so that the stools are not in the least degree tinged with that fluid. If the head can thus affect the liver, it is reasonable to infer, that the liver may reciprocally affect the head. It is very difficult to form an opinion relative to this subject; for, in the instances which have been mentioned, the affection of the liver may take place, only because it forms a part of the digestive organs, and not from a direct sympathy existing between it and the head. Still, however, I do not think it unreasonable to conclude that irritation



tion of the other chylopoietic organs may, as well as that of the stomach, disorder the source of sensation.

In the preceding pages, I have related facts which seem to warrant certain conclusions, that I shall presently mention. As the narrative has been broken into many parts, I think it right to point out the inferences, which may be fairly drawn from the facts already stated, before I proceed to the further discussion of the subject.

1, Sudden and violent local irritation will produce an equally sudden and vehement affection of the digestive organs.

2, A lighter degree of continued local irritation will produce a less violent affection; the ordinary symptoms of which are recited in page 18.

3, This affection is a disorder in the actions, and not a disease in the structure of the affected organs; although it may, when long  
E continued,

continued, induce evident diseased appearances, both which circumstances are proved by dissections.

4, A similar disorder of the digestive organs occurs without local irritation, and exists as an idiopathic disease; in which case, it is characterized by the same symptoms.

5, There are some varieties in the symptoms of this disorder, both when it is sympathetic and idiopathic. These are enumerated in page 46.

6, The disorder probably consists in an affection of all the digestive organs in general, though in particular cases, it may be more manifest in some of those organs, than in others.

7, That disorder of the digestive organs frequently affects the nervous system; producing irritability and various consequent affections. This is proved by the effects of blows on the belly, in persons previously healthy; and the same

same consequences are often observed from whatever cause the disorder originates. At the same time weakness must be produced from imperfect digestion; and from the combination of these causes, *viz.* weakness and irritation, I deduce the origin of many local diseases, and the aggravation of all, as will be seen in the relation of the cases.

Nothing in pathology is more generally admitted, than the reciprocal operation of disorders of the head and of the digestive organs; yet the exceptions to this general rule deserve to be remarked in a comprehensive examination of the subject. Some persons have great disorder of the digestive organs, without any apparent affection of the nervous system; and even diseases of a fatal nature may take place in the former organs, without affecting the latter. Indeed, if we examine any of the most evidently sympathetic affections, we shall find the same exceptions. An inguinal gland, or the testis, frequently inflames from irritation in the urethra; yet great disease occurs occasionally in that canal, without



producing these apparently sympathetic consequences.

We can never be certain that the stomach and bowels are the only organs disordered, nor even that they were primarily affected. General nervous irritation may have preceded the disorder, or may have been caused by it. The history will generally shew, that the derangement of the digestive organs is secondary. It arises from local irritation, and can be produced only through the medium of the sensorium. When it is idiopathic, it frequently originates in causes which affect the nervous system primarily; such as anxiety, too great exertion of mind or body, and impure air. Sedentary habits and irregularities of diet are causes which probably act locally on the organs themselves. Nervous irritability and weakness are not perhaps susceptible of a direct cure by medicine; but the disorders of the digestive organs are more corrigible by medical remedies. In practice, these require our chief attention; and if the disorders be corrected, all nervous irritation

tion frequently ceases, and health is restored. In many instances the nervous irritation, which has induced the disease, is trivial, and would soon cease, were it not kept up by the reaction of its secondary symptoms.

Whether this disorder of the digestive organs be primary or secondary, it produces irritation in the brain ; and thus may cause in many instances actual disease of that organ, as will be stated in the conclusion of this paper. But derangement of the digestive organs arises, in many cases, from established nervous disorder ; indeed there is often reason to suppose that it is dependent on, or connected with, actual disease of the brain. In such cases, the correction of the disordered functions cannot be accomplished ; and even if it were practicable, it would not cure the disease. It is however highly necessary and advantageous to attend to the disorder of the digestive organs, where it is only a symptom of nervous disease. The relief of the former will often mitigate, though it cannot cure the latter.

I shall,

I shall, in the next place, represent the general circumstances, relative to the health of those persons who have local diseases, apparently caused or maintained by disorder of the whole system. They generally declare that they are in good health, except that they feel disturbed by their local complaints; yet they are found, on enquiry, to have all those symptoms, which characterize a disordered state of the digestive organs. The mind is also frequently irritable and despondent; anxiety and languor are expressed in the countenance. The pulse is frequent or feeble, and slight exercise produces considerable perspiration and fatigue. These patients are sometimes restless at night, but when they sleep soundly they awaken unrefreshed, with lassitude, and sometimes a sensation, as if they were incapable of moving. Slight noises generally cause them to start, and they are, to use their own expression, very nervous. These circumstances seem to me to indicate weakness and irritability of the nervous and muscular systems; which, in addition to the disorder of the

the



the digestive organs, that has been described, are the chief circumstances observable relative to the general health of those patients, whose cases are related in the following part of this paper. By correcting the obvious errors in the state of the digestive organs, the local disease, which had baffled all attempts at cure by local means, has speedily got well, and the patient has acknowledged that such an alteration has taken place in his general health, as excites his astonishment.

The connexion of local disease with general disorder has been often remarked ; it has been formerly attributed to impurity of the fluids ; a theory which is not irrational. Imperfect digestion must influence the qualities of the blood, and all parts of the body may be affected from this source. But the modern explanation of these phænomena, by means of sympathies, is probably preferable. Afflicting intelligence will destroy the appetite and produce a white tongue in a healthy person ; and a blow on the stomach disorders the head. These phæ-

nomena

nomena take place independently of the blood, and can only be explained by admitting that disturbance of one organ immediately affects another.

The writings of the ancients abound with passages, in which diseases are attributed to affections of the abdominal viscera, and the same fact has been noticed by several of the moderns. The French surgeons appear to be very solicitous to keep the bowels in a cool and tranquil state; and Deffault ascribes the origin of erysipelas to a bilious cause. The German surgeons, Richter and Schmucker, attribute many local diseases to gastric affections; and in Italy, Scarpa views the subject in the same light. The English practitioners seem to have been less attentive to this class of disorders; inasmuch that Fischer, a German, who published an account of the state of medicine in this country, expresses his surprise that the English should be so little acquainted with gastric diseases. I know not exactly what ideas these gentlemen may annex to the terms gastric and bilious disorders,

ders, since they do not particularly describe them. I have represented the subject in the foregoing pages, as it has appeared to me on the most attentive examination. There are circumstances which denote irritation of the digestive organs to exist, and deficiency or depravity of their secretions; and the disorder exists in every gradation, between the slightest and most violent affection, without any evident difference in its nature.

The result of all the observations, which I have been able to make, relative to this subject, has induced me to believe that the disorder of the digestive organs, caused by the various circumstances, which have been recited, consists in a weakness and irritability of the affected parts, accompanied by a deficiency or depravity of the fluids secreted by them, and upon the healthy qualities of which, the right performance of their functions seems to depend. The opinion that the disordered state of the digestive organs, which has been described, consists in a weak and irritable state of them, attended by



a deficiency or vitiated state of their secretions, is deduced immediately from the consideration of the symptoms, and confirmed by all the collateral evidence, which we can collect. The duration of the affection, without fatal consequences, shews that it is a disorder of functions, and not a disease of structure. Dissections confirm the opinion. Blows, which excite general irritation of the digestive organs, produce also the symptoms which characterize the like disorder, when it arises from nervous irritation, or is excited by intemperance. I doubt not but every one will, on reflection, consider the disorders of the digestive organs to be of the first importance, and will perceive the propriety of diligently enquiring into their nature that we may know them when they exist, and that our attempts to remedy them may be conducted on rational principles. This consideration will, I trust, vindicate me in employing so much time in an investigation which, perhaps, some may consider as tedious and unprofitable.

It

It is generally admitted, that disorders of the chylopoietic viscera will affect the source of sensation, and consequently the whole body; but the variety of diseases which may result from this cause, has not been duly weighed and reflected on.

It may produce in the nervous system an abolition of the functions of the brain; or a state of excitation, causing delirium, partial nervous inactivity and insensibility, or the opposite state of irritation and pain. It may produce in the muscular system, weakness, tremors, and palsy; or the contrary affections of spasm and convulsions. It may excite fever by disturbing the actions of the sanguiferous system, and cause various local diseases by the nervous irritation, which it produces; and by the weakness, which is consequent on nervous disorder or imperfect chyli-fication. Or if local diseases occur in a constitution deranged in the manner which I have described, they will become peculiar in their nature and progress, and difficult of cure. Affections of all those parts which have a continuity

tinuity of surface with the stomach; as the throat, mouth, lips, skin, eyes, nose, and ears, may be originally caused or aggravated by this complaint. I must observe, before I proceed to the relation of cases, that such a disorder of the digestive organs as I have described existed in every instance. I do not take upon myself to say that it was the primary cause of the general derangement of the constitution, with which the local disease appeared to be connected; it might have been the consequence, as indeed has been stated in these preliminary observations.

I shall now proceed to mention the plan which I have pursued in the treatment of these disorders, when they have been connected with surgical diseases; and the following cases will demonstrate with what degree of success. I do not feel altogether competent to give full directions, relative to this subject; because I have never attended to medical cases with that degree of observation which would lead me properly to



to appreciate the efficacy of different medicines, when administered either in their simple or compounded forms. The subject is so important, that the public would be highly indebted to any practitioner, who would point out the varieties of these diseases, and the appropriate modes of cure. The method of treatment which I have adopted is simple, and founded on the opinions I have formed, of the nature of the disease, and physiological views of the functions of the affected organs. Believing the disordered parts to be in a state of weakness and of irritability, my object has been, to diminish the former and allay the latter. Believing also that the secretions into the stomach and bowels, upon the healthy state of which, the due performance of their functions depends, were, in consequence of such disorder, either deficient in quantity or depraved in quality; I have endeavoured to excite, by means of medicine, a more copious and healthy secretion.

In conformity to these views of the subject, the patients have been recommended to be  
particularly

particularly attentive to their diet. The food should be nutritious, and easy of digestion: strong plain broths, animal food of loose texture, milk, eggs, and farinaceous vegetables, are the articles which appear most adviseable. But, as custom and inclination have so great an effect in regulating the actions of the stomach, I have contented myself with recommending patients not to eat any thing, which it was probable that they could not digest. It seems reasonable to suppose that, if the food be properly digested, it will not irritate the intestinal canal; but that, if digestion fails, the animal and vegetable matters will undergo chemical changes in their passage through the long tract of intestines, and thereby maintain a state of irritation in those organs. I have urged patients not to oppress the powers of the stomach by too great a quantity of food, nor to take a second meal, until time has been allowed for the digestion of the first. I have also cautioned them not to let the stomach become irritable by too long abstinence. I have ordered five grains of powdered rhubarb an hour before dinner, with a view of inviting secretions

secretions into the stomach, and of preparing it for the office of digestion. This gentle excitation perhaps induces it to expel any residue of alimentary matter, and creates a kind of artificial appetite; so that persons habitually subject to indigestion experience very considerable benefit from the practice. Where rhubarb has disagreed, columbo has been substituted.

The function of digestion will not, however, go on well, even where these circumstances have been attended to, if the stomach be deprived of a stimulus to which it has been long accustomed. Uneasy sensations will be experienced, denoting, if I may so express it, a discontented state of this organ, and a want of the expected stimulus. It is on this account injurious to restrain those patients from the use of wine who have been in the habit of taking it. A moderate quantity may be allowed after dinner; but strong fermented liquors must be injurious at any other period. It is wrong to stimulate the stomach when it has no task to perform.

A regular



A regular diurnal evacuation of the bowels is particularly necessary, since the detention of the fæces must prove irritating to these organs. Purging medicines sometimes relieve unpleasant sensations; but they do not in general produce even this effect; and all active purges seem to me to increase the disorder. It is natural to suppose that strong stimuli will aggravate the unhealthy condition of weak and irritable parts.

It is difficult, in many cases, to correct the disease by diet or medicine. The bowels are costive for a time, and then fits of purging come on. The former state must be obviated, in order to prevent the latter. Medicines which excite a healthy action of the bowels in one person, are either inert or too active in another. Doses which would have no effect in a state of health, become purgative in this disorder; a circumstance which shews that the bowels are irritable. There are some rare instances of the contrary, in which it is exceedingly difficult to excite the actions and secretions of these viscera. In some cases a diet of

a more vegetable and less stimulating nature, with saline aperients, do good. In others, a more generous diet, and aperients of a warmer kind are beneficial. The object which I have had in view, in all cases, is to excite the peristaltic action of the bowels, without purging; so as to insure the expulsion of whatever ought to be discharged.

In giving purgative medicines I have endeavoured to combine them, so as to excite and strengthen at the same time. Rhubarb, columbo, and kali vitriolat. have been given together; or an infusion of gentian with fenna or tincture of rhubarb. When the infusion of gentian with fenna has been given, it has been prescribed, in the subsequent cases, according to the following formula:

℞. Infus. gentian. comp. ℥j.

Infus. fennæ, ʒij.

Tinct. cardamom. comp. ʒj.

Fiat haustus, bis quotidie, vel pro re natâ, sumendus.

It is sometimes necessary to increase the quantity of infusion of fenna. I have found in some cases, that the purgative medicines and spices dissolved in spirit and water, have answered better than any thing else, in producing a sufficient, but not too copious discharge from the bowels. Equal parts of compound tincture of rhubarb and fenna is the formula to which I allude. When irritation in the large intestines has been denoted by the mixture of mucus and jelly with the fæces, and sudden and urgent calls to void them, I have advised oily and mucilaginous medicines as aperients; as castor oil, mixed with a large proportion of mucilage. My sole object, however, has been to regulate the state of the bowels; and when they have been regular without medicine, I have rarely recommended any.

At the same time, I have not been inattentive to the error in the biliary secretion, which exists in the greater number of these cases. I have endeavoured to correct this error by the administration of such small doses  
of



of mercury, as do not irritate the bowels, and are not likely to affect the constitution, even though persevered in for a considerable time. In this state of the digestive organs, calomel, in small quantities, sometimes proves irritating. I have combined it as in Plummer's pill, and have given one grain every other night. Where this dose produced uneasy sensations, or acted as an aperient, five grains of the pil. hydrarg. were substituted in its place; and even this quantity has been diminished in some cases. When it appeared necessary, on account of the biliary secretion, and when the calomel did not irritate the bowels, I have increased the dose. The relief, which arises from the increase or correction of the biliary secretion, in the majority of these cases, shews how much the liver is concerned in causing or aggravating the symptoms in these diseases.

There are numerous and undoubted proofs of the utility of mercury, in correcting and augmenting the biliary secretion; but the mode of administering it has not, perhaps,

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been

been sufficiently attended to. I have known patients, who have voided nothing but blackish stools for some months, discharge fæces of a light yellow colour, denoting a healthy, but deficient secretion of bile upon taking such small doses of mercury. The effect of this change on the constitution and spirits, has been surprisingly great; though the state of the stomach did not appear to be altered. The use of mercury by inunction, sometimes acts beneficially, in correcting the biliary secretion; but, if the constitution be irritated, and weakened by that medicine, the actions of the liver are disturbed; and the digestive organs in general, become deranged. Mercury in my opinion, acts most certainly, and efficaciously, when taken into the bowels; and a much smaller quantity will suffice, when its application is in this manner rendered chiefly local.

Although experience has made me think very highly of the efficacy of small doses of mercury, in exciting and correcting the biliary secretion; yet it ought to be mentioned, that

that in some few cases, this medicine fails to produce its usual effects, and that the biliary secretion becomes healthy without its administration.

Facts are wanting, to enable us to ascertain, whether mercury ameliorates and augments the secretions of the other digestive organs, as it does that of the liver. The stomach frequently appears worse during its employment, whilst the stools are considerably better; I have, in such cases, discontinued the medicine, and returned to it again if the state of the liver made it necessary. When benefit is obtained from a small quantity of medicine, we naturally expect an increased advantage from an augmented dose; this is so natural an error, that an admonition against it appears necessary. I have observed in some instances, where small doses of mercury have unexpectedly affected the mouth, that considerable benefit seemed to arise from this circumstance. Yet it is wrong, in general, to augment the dose of the medicine, so as to create even local irritation in the bowels  
by



by it. In the majority of cases the disorder has existed for a long time, and has become habitual; therefore it is not likely to get well suddenly. For this reason, we should adapt our treatment to the more rational expectation of effecting a gradual recovery than a sudden cure. The most judicious treatment will not remedy the disease, if the exciting causes continue to operate; such as improprieties of diet, agitation of mind, sedentary habits, or impure air,

The following cases will afford sufficient testimony of the efficacy of such simple treatment, as I have recommended. In some inveterate cases, apparently depending on established nervous disorder, it has been ineffectual. Under such circumstances, the nervous affection appears to require the principal attention,

When the state of the health required it, or the disease did not yield to the treatment, which I have described, I have referred the case to the physician; under whose direction, benefit has been obtained by medicines of  
more

more activity than those which I had ventured to recommend, conjoined with tonics, and those medicines which are usually termed nervous.

In investigating the treatment of these disorders, it is necessary to ascertain, not only what medicine is beneficial, but also what change it produces in the circumstances of the disorder. The administration of a medicine may in one case be succeeded by a discharge of bile, and a striking relief from long-continued and distressful feelings: yet the same medicine may be given in many other instances without the same consequence. Was the change then in this instance accidental? or must it be attributed to some unnoticed peculiarity in the disease or constitution?

Bark and steel are not uncommonly given in these diseases: they ought, I think, to be administered in small doses, and never when the tongue is dry; as they seem to suppress those secretions, which in many cases are already deficient; and the increase of which  
would

would tend to relieve irritation in the affected organs. I mention this opinion, however, rather to account to the reader for these medicines not having been prescribed in the subsequent cases, than from any other motive; as I do not feel perfectly competent to decide upon their degree or kind of utility.

Vegetable diet-drinks appear to me very useful in tranquillizing and correcting disorders of the stomach and bowels, for this is the manner in which they seem to be efficacious in the cure of local diseases. The vegetables prescribed in the different formulæ are so dissimilar, that we can scarcely suppose that they act specifically upon the local disease. Even Sweet-wort has obtained considerable celebrity. When diet-drinks fail to correct the disorders of the digestive organs, they also fail to produce any amendment on local diseases. Such observations have induced me to believe that they have the utility, which I have ascribed to them, of tranquillizing and correcting disorders of the stomach and bowels. It is allowable to form an opinion from such observations,



observations, though I am sensible of their invalidity as arguments to prove its truth.

Whenever circumstances would permit, I have recommended the patients to take as much exercise as they could, short of producing fatigue; to live much in the open air; and, if possible, not to suffer their minds to be agitated by anxiety, or fatigued by exertion. When the disorders, which have been the subject of this paper, have been long continued, they do not admit of a speedy cure; hence attention to diet, air, exercise, and mental tranquillity, are more decidedly beneficial than medicines. Surgeons in London meet with frequent and convincing instances of the efficacy of pure air. Patients under the irritation of a local disease, who scarcely eat or sleep in town, recover their appetite, digestion, and sleep so suddenly on their removal into the country, as to leave no room for doubting, that the change of air has produced this beneficial alteration in their health. The whole of the plan of treatment which is here recommended is so simple, and apparently so inefficient,

inefficient, that its power might reasonably be doubted, did not facts attest its utility. I should not have thought it right to have thus related it in detail, but for the purpose of avoiding repetition in the recital of the cases which are to follow; and also because it seemed right to state as explicitly as possible to the younger part of the profession, what are the curative intentions in disorders of this nature\*.

\* After I had written the above account of the treatment, which I had found the most successful in the correction of disordered states of the digestive organs, I was much gratified by the perusal of Doctor Hamilton's publication on the Effects of Purgative Medicines. I think there is a great coincidence in the mode of treatment which I have described, and that which is sanctioned by his more extensive experience. He prescribes purgative medicines to act as eccoprotics, to excite but not to stimulate the bowels; and he combines with them generally unirritating doses of mercury.

CASES.

## C A S E S.

## SECTION I.

Long before my attention was excited to disorders of the digestive organs, I had remarked that there was a paralytic affection of the lower extremities, resembling that which is produced by a disorder of the medulla spinalis, in consequence of disease of the bodies of the vertebræ. This paralytic affection also appeared to me to vary with the state of the patient's health.

These observations led me to propose a method of treatment, which proved successful in the cases of two young ladies, who were affected in this manner. The issues, which had been ineffectually kept open in the back, were healed; and the state of the  
health



health in general was amended by attention to diet and medicine, by exercise, and country air. The use of the limbs returned in proportion as the health became established. Such were the observations which I had made relative to this subject, when I met with the following cases.

### C A S E.

A young lady, whose stomach and bowels were disordered in the manner already described, became gradually affected with weakness in the lower extremities, and pain in the loins. The pain became at length very severe, and was aggravated in a manner almost insupportable by the agitation of a carriage. This lady could scarcely walk, and gave a description of the state of her limbs, so exactly resembling that which is sometimes consequent to disease of the vertebræ, that I thought it right to examine the spine. I struck with my finger the spinous process of each lumbar vertebra, and upon touching one in particular, the patient complained of great pain; but  
pressure

pressure on the contiguous vertebræ also caused much uneasiness. Under these circumstances I placed a blister on each side of the spine, and kept up a discharge from the surface by dressing it with savine cerate. These means, with rest, relieved her sufferings; but, as her health declined, she went into the country, where she soon became much better. The blisters were now suffered to heal, and she shortly afterwards had recovered so much, as to take long rides on a rough-going horse. She returned from the country in good health, and was both muscular and fat. About a year afterwards she was so ill, in the same way, that she wished to have issues made in the back: but I would not consent to this, from knowing that the bone could not be diseased. Of this return of pain in the back, and weakness in the lower extremities, she again got well, upon amendment of her health in general. Since that period, now five years ago, she has been, sometimes, very well, at others, pale and emaciated; and these changes have corresponded with the natural or deranged state of her bowels.

CASE.

## C A S E.

I was consulted on the case of a young lady, who had been blistered severely for a pain at the bottom of her back, which was chiefly felt at the junction of the ilium and sacrum. It was supposed, that disease had taken place in the bone from some injury, and had affected the sacral nerves: for she could not stand without support, so great was the weakness in the front of the thighs. There was no projection of the vertebræ. If the sacral nerves had been affected, the leg ought to have suffered the greatest share of pain and weakness; but that was not the case. She had no appetite; her tongue was greatly furred; her bowels costive; and pulse generally 110. I strongly objected to making issues in this case; but as the patients' sufferings increased, it was done. She went into the country, and died in four or five months. The bone was found, upon examination, to be perfectly healthy; but the mesenteric glands and lungs were diseased, and it was concluded that she died of consumption.



sumption. I could not learn the state of the liver, nor do I know whether its appearances were particularly attended to.

### C A S E.

A young lady had been confined about six months to her chamber, on account of pain in the loins, and weakness of the lower extremities, which prevented her from standing or walking. The weakness of her limbs had been gradually increasing for a year and a half, before it became so bad as to make her incapable of moving about. Issues had been kept open, during that time, on each side of the spine; but, as the patient got no better, my opinion was asked, respecting the seat of the disease of the bone: for it was concluded, that the issues had only failed from not having been made in the right place. I found, upon inquiry, that the chief seat of her pain was in the posterior edge of the liver. Indeed, that viscus was enlarged, so as to be felt in the epigastric region, and so tender as to cause  
much

much pain on being compressed, at any part, along the cartilages of the ribs. Her tongue was furred; her appetite deficient; digestion bad; bowels costive; and stools black, or else untinged with bile. I had no hesitation in advising, that the issues should be discontinued; and that attention should be chiefly directed to rectify the disorder of the chylopoietic viscera. Mild mercurials and aperients were given, by which, with other means, she got materially better in health, and was able to walk about as well as ever. The gentleman who attended this patient, met me accidentally, two months afterwards, and informed me that she was quite well. I said, that as her disease had been a long time in forming, it could hardly be expected that she should recover so suddenly. He considered this expression as implying some doubt of his accuracy, and, therefore, sent the patient to me in the morning. She came from Lambeth, in a hackney coach, and looked very well: she observed, that long before her confinement, she could not have borne the agitation of a carriage; but that now, she did not feel it.

I have

I have been informed, by several intelligent students, that similar cases have occurred in the hospital: as I was not a witness of these, I shall not relate them. I shall, however, mention one, which I saw, and superintended myself; although it is, in some measure, imperfect, as the patient quitted the hospital suddenly, without our knowing where he went to.

### C A S E.

Thomas Crighton, aged twenty-three, was admitted into St. Bartholomew's Hospital, on account of a palsy of his limbs. About a year before, while the use of his limbs was yet unimpaired, he was attacked repeatedly with violent pain in his bowels; uniformly preceded by costiveness, and, generally, terminated by a copious discharge of loose, fetid, black stools. The relief afforded by the diarrhoea was speedy and uniform. In the course of six months his lower extremities became affected with occasional twitchings, and he found that he could not regulate their motions in walking: this increased to such a

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degree



degree as to make him incapable of taking any exercise. He had, at the commencement of his illness, a confusion of vision; and a constant and violent pain in the head. The former symptom increased so much, that he could discern no object distinctly; a candle, for instance, although held near him, appeared as large as the moon. The sensation of his lower extremities continued perfect; but the actions of the bladder were no longer under the controul of the will; the urine sometimes flowing involuntarily; and, at others, being retained for some hours, with considerable pain. He, afterwards, began to lose the use of his upper extremities: the left hand and arm were more affected than the right; but there was no difference in the affection of the leg of the same side. His speech, also, became much impaired; he hesitated and faltered considerably, and the tones of his voice were irregular, so that, at length, he could scarcely make himself understood. At the time of his admission into the hospital, there was an entire loss of voluntary motion in the lower extremities, and a great diminution in that

that of the upper. The bowels were deranged; there was constant head-ache; the speech was very indistinct; and vision so imperfect, that he could not read the largest print. An issue was made in the neck, and some medicines were prescribed, under the direction of the physician. As the treatment did not prove beneficial, I was desired to examine the spine, and found such a curvature and projection of the spinous processes of the upper lumbar and lower dorsal vertebræ, that, I thought, the bodies of those bones must be diseased. I was, therefore, inclined to attribute the paralysis of the lower extremities to this disease of the spine; and, consequently, directed, that issues should be made on each side of the projecting vertebræ. As this supposition would not account for the paralytic affection of the parts above, and as the bowels were deranged, I ordered two grains of calomel with eight of rhubarb, to be taken twice a week, and some infusion of gentian with fenna, occasionally. After using these medicines, for about three weeks, his bowels became regular, the biliary secretion

G 2

healthy,

healthy, and his appetite good. He could move his hands and arms nearly as well as ever ; and his eye-sight was so much improved that he could read a news-paper ; indeed, it was nearly well. The functions of the bladder were completely restored\* ; his speech became articulate ; and, his general health, in every respect, much improved. He remained in the hospital about two months, but with very little amendment in the state of the lower extremities, when his friends suddenly removed him, on account of some disagreement with the nurses, and I was unable to learn whither they had conveyed him.

The history of the preceding case was taken by Mr. Cruttwell, who had been for several years a most industrious student at the hospital, and whose accurate observation and extensive information induce me to place entire confidence in any statement of a case which I

\* I have seen several cases which induce me to believe that the weakness of the sphincter vesicæ, which occasions young persons to void their urine during sleep, very frequently arises from the same cause.



receive from him. To that gentleman I am, also, indebted for the following particulars relating to a patient, who died some little time ago in the hospital, and whose body was examined. The dissection serves still further to elucidate my present subject.

### C A S E.

Elizabeth Griffin, twenty years of age, was admitted into St. Bartholomew's hospital in August, 1805, on account of an inability to move her lower limbs; which was supposed to originate from a disease of the spine. On examination, however, there were no appearances, which indicated caries of the vertebræ. Her voice was, at times, considerably affected: and she was subject to occasional attacks resembling, in some degree, epileptic paroxysms. The affection of the limbs was liable to considerable variations. At times, as she assured me, she could walk across the ward with very little difficulty; at others, she could not even stand without assistance. Her tongue was extremely, and, I believe, constantly white; her

her pulse natural. Her bowels were, generally, costive, and it was necessary to employ active medicines in order to procure stools, which were always of a dark colour. A slight temporary diarrhœa sometimes happened, and she invariably remarked, that the ease or difficulty with which she could walk, and the pain in her head with which she was troubled, were in exact conformity to the state of the bowels, all the symptoms being relieved by the diarrhœa, and returning as the bowels became again costive. There was an appearance of irritability and languor in the eye, which I have before observed in these cases, and the pupils were generally much dilated. After the patient had continued in the hospital about seven weeks, she was attacked with fever, and died. To this brief account of the symptoms, I now subjoin the dissection.

No diseased appearances were observed in the brain, though it was examined with the most particular attention: neither was there any disease of the vertebræ. No disease, in short, was observed except in the abdominal viscera.

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The chief morbid appearance, in them, consisted in an ulcerated state of the villous coat of the ilium near to its termination in the cæcum. The ulcers were numerous, and situated where the mucous glands are chiefly found. The internal coat of the large intestines, also, appeared inflamed.

The liver was healthy in its structure. In the gall bladder about one ounce and a half of a light green ferous fluid was found, which had not in the least degree the soapy, or mucaginous feel of bile,

Cases, like those which have been related, are not, if I may judge from my own experience, at all uncommon. They sufficiently prove, in my opinion, that local nervous disorders and muscular debility may arise from a general disorder of the health, in which the digestive organs are generally much affected. This disorder, as has been stated in the preliminary observations, may, sometimes, be the cause, and sometimes the effect, of the nervous affection. In either case, however, its correction



rection is of high importance in the medical treatment of the disease. In the case, beginning at page 79, as well as in that which immediately follows, disorder of the digestive organs must, I think, be allowed to be the cause of the nervous affection, from the sudden and complete cessation of the latter, when the cure of the former was accomplished. Decisive instances like these are particularly valuable; they shew what great nervous disorder may be produced by that of the digestive organs, and consequently how much the latter disorder is likely to aggravate the former, when it occurs even secondarily as its effect. I have seen a considerable number of such cases, which I cannot relate with precision, because I had not sufficient opportunities of observing the patients, to enable me to note the progress of the disease with accuracy.

Of these I can only observe, in general terms, that I have seen several instances of pain, imbecillity, and wasting of the muscles in one of the lower extremities, which were considered as the effect of disease about the  
hip

hip joint; yet the event proved that there was no organic disease of that part. The disease was connected with that state of constitution that I have described, and was amended as the health in general improved. I have also seen several instances of wasting of the muscles of one of the upper extremities in children; so much indeed were the muscles shrunk, that the bones and joints could be as distinctly examined as in a skeleton. The local affection in these cases came on suddenly. I lately saw a little boy, who had had this kind of affection of his left arm several years ago, and on whose case I was at that time consulted. The bowels had been violently disordered prior to the paralytic affection, and were, at the time I saw him, in an extremely unhealthy state. I recommended that the chief attention should be paid to correct the errors of these organs, which was in some degree accomplished, and that the arm should be supported by a sling. The arm gradually recovered, and though it is not at present quite so large and strong as the other, yet the difference is so slight, that



that it would not attract the attention of a common observer. About six months ago I saw a little boy very similarly circumstanced, and in his case, the arm quickly recovered its powers of motion, as the state of the digestive organs became healthy.

I have also seen cases in children, in whom, after some general disorder of the health, accompanied by derangement of the stomach and bowels, a muscular affection of the extremities has taken place, like that which produces the varus and valgus; I mean a predominance of the actions of some muscles over others, producing distortion of the limb. I have seen this happen sometimes in one, sometimes in both the lower extremities. I have also seen the arm similarly affected.

That the local symptoms in those cases, as well as in those which have been more fully detailed, arise from a nervous affection of the brain, and not from any cause acting locally on the nerves of the affected part, will, I believe, on due consideration be granted.

I suspect



I suspect however that some persons may hesitate to admit such an opinion, from the belief that disorder of the brain must operate generally, and not partially, on the nervous system. Perhaps the contemplation of the consequences of slight apoplectic effusions in the brain, may assist us in forming just notions on this subject. Such slight effusions of blood, occurring in various parts of the brain, have been known to paralyze one leg or one arm, or the muscles of the tongue, or of one half of the face, without affecting the rest of the nervous or muscular system.

Another opinion which I wish to be considered is, whether, when there is considerable and continued paralysis, there must necessarily exist some pressure or organic disease in the brain. That this exists in many instances is undoubted; but the number of cases in which the paralytic affection is merely nervous, and independent of visible disease, is in my opinion very considerable. The instances which have been related warrant this conclusion,

conclusion, and shew such cases to be more frequent than is, I believe, generally supposed. When there is organic disease of the brain, the case seems to be very hopeless; and probably no considerable alleviation of the symptoms will take place, by that attention to the state of the digestive organs which I have recommended. In dubious cases, and such, on the first examination of them, the majority of these occurrences will probably be, it seems right to try the effect of correcting disorder of the digestive organs, with a view to alleviate nervous irritation, before we proceed to those severer methods, which the belief of the existence of organic or vascular disease in the brain would induce us to institute. For if blood-letting and counter irritation be employed, in order to diminish vascular action; or if mercury be employed to some extent in order to induce the absorption of deposited substance; these measures must aggravate that disorder of the general health, upon which, in many instances, the nervous affection depends.

My object, in the recital of the foregoing cases, is to point out a cause of local paralysis, which from its locality would, I suspect, be generally attributed to some local disorder of the nerves of the affected part. Such an opinion of the nature of the complaint would consequently lead to an erroneous treatment. If my opinion of the nature of these cases be correct, they can only be successfully treated by means which operate upon the constitution in general. I have particularly recommended that our efforts should be directed to correct any errors that may exist in the functions of the primæ viæ, for reasons that have been stated in the preliminary observations. Of the efficacy of such endeavours I have seen many more instances than I have brought forward; indeed the propriety of such attempts seems so obvious, that I doubt not but they will be made, and the effect of them will, by that means, be generally demonstrated. It is right however to mention, that in some cases to which I have attended, I have been foiled in my endeavours to correct, by the simple measures which I have related.



related in the introductory remarks, the disorders of the digestive organs; and in these I thought that the disorder of the digestive organs depended on some established disease in the brain.

In other cases, when the functions of the digestive organs had been partially corrected, the nervous and muscular affections were mitigated, but not cured. Indeed sufficient time has not yet elapsed to enable me to form a probable opinion, as to the event of some cases, to which I allude. I have also met with one instance, in which the bowels became moderately correct in their functions, without any evident amendment in the state of the limbs; and I have known two instances of persons, who were suddenly seized with paralysis of the lower extremities, apparently dependent on general nervous disorder, in which the digestive organs scarcely seemed affected.

In several of the cases which I have related, there were nervous pains in the affected limbs.

That

That local nervous pains may depend on general nervous disorder seems to me very probable; at least, I can take upon me to affirm, that I have known nervous pains cured by correcting the disorders, which in these cases existed in the digestive organs. In the cases also of *tic douloureux* which have fallen under my observation, there has been great disorder of the digestive organs; and I have known cases resembling those of *tic douloureux* cured by correcting the unhealthy state of those organs.

I wish finally to excite the attention of Surgeons to the state of the bowels in tetanus. The occurrence of this disorder occasionally, when the wound which produced it is healing, seems to indicate that the effects, which have been produced by its irritation, continue. It has been, I think, fully shewn, that local irritation may disorder the digestive organs; which disorder continuing, and aggravating the affection of the sensorium, may possibly lead to the production of tetanus, at a time when the wound is no longer irritable. In

four

four cases of tetanus, in which I had an opportunity of inquiring into the state of the bowels, the evacuations from them were not like fæces. I wish to propose, in investigating the cause of tetanus, as a question, what is the state of the bowels between the infliction of the injury and the occurrence of that dreadful malady \* ?

\* Such cases as I have related, with others that it would be foreign to my present purpose to mention, have impressed the opinion on my mind, that disorders of the digestive organs may originally cause, or may secondarily aggravate, a nervous disorder; and produce, as has been "mentioned, in the nervous system, an abolition of the functions of the brain; or a state of excitation causing delirium, partial nervous inactivity, and insensibility; or the opposite state of irritation and pain: in the muscular system, weakness, tremors, and palsy; or the contrary affections of spasms and convulsions." Could these circumstances be proved, it would be scarcely necessary to add, that those painful affections of parts, to which perhaps some pre-disposition exists, may be excited in a similar manner; such as gout and rheumatism. Indeed rheumatic pains are very usually concomitant upon that state of constitution, which existed in the patients, whose cases I am relating.



## C A S E S.

## SECTION II.

I shall next speak of those cases, in which local disorders of the head, produced by blows, are kept up and aggravated by affections of the digestive organs. After what has been observed respecting the reciprocal influence of diseases of the brain, and of the chylopoietic viscera, it will readily be admitted, that an injury of the former may disturb the functions of the latter. Thus, concussion of the brain occasions vomiting as one of its immediate consequences, and will also be found to produce almost constantly, at a more remote period, that disturbance of the digestive organs, which I have described in this paper. If the disturbance be only moderate in degree, but continued, it will often re-act upon the head,

so as to occasion an irritable state of the injured parts, and impede their recovery.

In many cases of blows upon the head, a slow inflammatory affection continues in the parts chiefly injured, and ultimately produces destructive diseases. The bone sometimes becomes diseased, or an exostosis grows from its internal table; the dura mater becomes thickened, or matter slowly collects on its surface. Such local disorders produce others of a more general nature, and destroy the patient. These occurrences are however, in my opinion, rare in comparison with the cases first described; in which a painful state of the injured parts is kept up by means of disorder existing in the digestive organs. The necessity for an accurate discrimination between these disorders, must strike us on the most superficial view of the subject; for the lowering treatment which is necessary in the first and rarer case would be detrimental in the second and more frequent. By attending to the state of the digestive organs in these dubious cases, we may be enabled to form a probable opinion

nion of the nature of the local complaint; for if there is nothing wrong in the general health to excite or maintain it, we may reasonably conclude that it is merely local; on the other hand, the inefficacy of evacuations in curing the local disease would naturally suggest the opinion, that it proceeds from irritation, and is dependent on a disorder of the health in general. It should be further observed, that when the local disease is of an inflammatory nature, and likely to induce morbid alterations in the structure of the affected parts, still it may be maintained and aggravated by disorder of the digestive organs. I have very frequently seen patients suffer so severely as to warrant a suspicion, that local disease of the most formidable nature existed; in these the usual methods of treatment were ineffectual; and they recovered suddenly or slowly, in proportion as the state of the digestive organs was corrected. I shall relate some examples of the disease under consideration, which will enable the reader to identify the case, when it occurs in practice.



## C A S E.

A young gentleman, about ten years of age, fell out of a window, six feet high, and struck the back part of his head against some stones. He was stunned by the blow, but perfectly recovered from the effects of the accident by bleeding, purging, and a low diet. He caught the scarlet-fever about six weeks afterwards; and recovered from that also. But, whilst he was convalescent, the pains returned in that part of the head which had been struck, with so much violence as to induce the belief that some serious local mischief would ensue. After they had continued without abatement for a few days, I was desired to see him. He was lying in bed, and could scarcely be prevailed on to lift his head from the pillow. The integuments of the occiput were so tender, that he would hardly allow me to examine the part; I ascertained, however, that there was no fluid under the scalp, nor any inequality in the bone. He dozed a good deal, and lay in a  
comatose

comatose state, but was occasionally restless. His pulse was very frequent, his skin hot and dry, and his tongue covered with a thick yellow fur. He breathed almost without moving the diaphragm, and complained much if the epigastric region was compressed. He loathed food; his bowels were costive, and his stools of a blackish colour. He was ordered to take small doses of calomel at night, and draughts with rhubarb and kali vitriolatum in the morning. The tongue soon became clean, and the stools natural; his appetite and spirits returned, and he no longer complained of any uneasiness in the head.

This case presents us with a striking example of what I believe to be a common occurrence; I mean, a disordered state of the digestive organs taking place subsequent to a considerable febrile affection. Indeed, when we reflect in how weak and irritable a state the brain must be left upon the subsidence of such a disorder, and how much the chylopoietic viscera must suffer from the impaired and disordered energy of the brain, we might  
naturally

naturally expect such a derangement of the functions of the digestive organs to ensue. When such disorder happens in this manner, it frequently produces many local diseases, to which the constitution may perhaps be predisposed ; a circumstance I shall speak of in a future part of this paper. In the present case, it brought on a painful state of parts recently injured, with a considerable degree of fever. That the morbid state of the stomach and bowels was the cause of both is fairly to be inferred from their ceasing so immediately, when the disorder of the digestive organs was corrected. A case of this kind, presenting an example of sudden recovery, is particularly valuable, because it clearly demonstrates the cause and the effect in such diseases. The cause can indeed be seldom so suddenly removed ; and the gradual cessation of it under any plan of treatment leaves room for a variety of conjectures, as to the mode of cure or of recovery from those disorders, which I have considered as effects. I could relate many cases of similar but less severe symptoms produced by the same cause, which gradually  
got



got well, in proportion as the disorders of the digestive organs were corrected. As it does not, however, appear to me necessary to accumulate instances to prove so obvious a fact, I shall content myself with adducing two more cases, to exhibit such effects in different points of view,

### C A S E.

A lady fell down in frosty weather, in consequence of her feet slipping from under her, and the occiput struck against a smooth stone pavement. She was stunned by the fall, but soon recovered; nor had she for some weeks the severe symptoms, which appeared in the sequel. This circumstance shews that there was nothing produced by the blow that necessarily caused the subsequent symptoms; which must therefore be attributed to inflammation or irritation taking place afterwards. After some weeks had elapsed from the time of the accident, the parts which had been struck became extremely painful; and  
the

the pain extended forwards over the scalp to the right eye, the sight of which became imperfect. The integuments upon which the blow had been received were extremely tender, and the patient became faint when they were examined even slightly. These circumstances naturally induced a belief that some disease was taking place; and bleeding and purging were employed to prevent its progress. The symptoms were mitigated for a time by these means, but they quickly returned with as much severity as before. After three months the patient came to London, fully persuaded that nothing but an operation would be of permanent benefit. When I first saw her, she tottered in moving from one chair to another, and replied to questions with hesitation and effort. Her eye-sight was so much affected, that she could not read; and she entertained an apprehension that she should lose her senses. Her tongue was but slightly furred; her bowels were habitually costive, and the stools dark coloured. It was evident where the injury had been received; for the aponeurosis had been separated from  
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the pericranium by an effusion of blood; and, though this blood had been absorbed, the detachment of the scalp was distinguishable by the touch. No inequality was perceptible in the surface of the bone. When I mentioned my suspicion that these symptoms were rather the effect of irritability of constitution, dependent on the state of the stomach and bowels, than of local mischief, she gave not the least credit to the opinion; but said she was persuaded that the bone was starred, and that three fissures extended in different directions. I ordered her to take five grains of the pilul. hydrarg. every second night, and a draught twice a day, containing one ounce of the compound infusion of gentian, two drams of the infusion of senna, and one dram of the compound tincture of cardamoms. These medicines produced a considerable purgative effect. On the second day there was but little pain in the head; the patient walked about the room very steadily, and had read a newspaper in the morning. When I asked her opinion of this surprising alteration, she imputed it to the evacuations which had taken place; but she was still persuaded that the  
bone



bone was injured, and still apprehensive that, without some operation, she should ultimately lose her senses. The medicines were continued in such quantity as to procure only one alvine evacuation daily. A fortnight elapsed under this plan of treatment, during which the stools became nearly of a natural colour, and the patient's health was considerably amended. There were times when no uneasiness was felt in the head; and, during some nights, the pain was so trivial as to give but little interruption to her sleep. It was, however, occasionally disturbed by pains, which were, in her opinion, as intense as at any former period of the complaint. Her pulse was good, and her muscular strength greatly improved. The occurrence of the pain in paroxysms strongly impressed me with the belief that it was nervous, rather than depending upon local disease. Under these circumstances all ideas of an operation were dismissed from my mind, but it was far otherwise with respect to the patient. Being obliged to return into the country, she considered the possibility of a relapse with horror; and was so convinced that the bone had been injured, that she

he earnestly requested it might be examined, were it merely to ascertain what was the fact. I saw no objection to this examination, but thought, on the contrary, that advantage might possibly arise from an incision, which would loosen the tension of the scalp, and produce a discharge that might relieve the irritation of the part. I accordingly made an incision of a semicircular form, extending farther back than the part which had been struck, and turned up a portion of the scalp, so as to see the bone, covered by its pericranium, to the extent of a crown piece. The bone was uninjured, and, together with the pericranium, appeared perfectly natural. The scalp being replaced, the wound was dressed superficially, without any attempt to favour the union of the parts. If they united under these circumstances, there would be an additional reason for believing, that neither the bone nor the subjacent parts were diseased. The pain was as severe for the two first days and nights after this examination as it had been at any former period; it abated when the wound began to discharge, and had entirely

tirely ceased on the fifth day. This state of tranquillity continued as long as the patient remained in town, which was about three weeks after the division of the scalp. The wound at that time had nearly healed. She has since had occasional returns of pain in the head when her general health has been disordered, but never to that degree as to induce a suspicion that any local vascular disease existed.

To exhibit the effects of the re-action of disorders of the digestive organs upon those of the head in another point of view, I subjoin the following case.

### C A S E.

May 29, 1805, a labouring man, aged forty-five, fell from a considerable height upon his head, and was immediately brought to St. Bartholomew's Hospital. No fracture of the skull could be discerned: and the patient seemed to labour under the effects of violent concussion of the brain. By vene-  
section



fection and other antiphlogistic means, he soon recovered his senses. Every thing went on very favourably for three days, when he was attacked with shivering, nausea, pain in the head, impatience of light, and other symptoms, which usually are considered as denoting inflammation of the membranes of the brain. He was consequently bled; and had a blister applied on the head. He was suddenly seized in the evening with a more excruciating pain in the head, which, after lasting half an hour, was succeeded by convulsions, so violent that three men could scarcely hold him. When the fit abated, he expressed himself much relieved, and said that he was easier than before its accession. Some calomel and rhubarb were given to obviate a costive state of his bowels. On the next morning (June 2nd.) he had a return of the pain and convulsions; and the symptoms were so violent, that he was bled four times in the course of the day. This treatment, however, had no effect in diminishing the pain and other symptoms, and another fit of convulsions took place in the evening. The purgative operated  
on

on the succeeding night, and brought away a large quantity of highly-offensive feculent matter of a light greenish-yellow colour. On the 3d of June his breath was extremely offensive; his skin hot and dry; his pulse quick; his tongue thickly furred; and he had great tenderness in the epigastric region, and right hypochondrium. He was ordered to take two grains of calomel immediately, and a saline medicine at intervals; this produced two motions in the course of the day. By pursuing this plan for a few days, the state of his bowels was rendered more regular, and the discharges acquired a healthy colour; in proportion as this was effected, the tenderness of the abdomen was removed, and the tongue became clean. He had no return of convulsions, the pain and other symptoms subsided, and in a short time, when the digestive organs had been restored to a natural state, he went out of the Hospital perfectly well.

Cases of this description have been noted from the earliest ages. Many passages are to

to be met with in Galen, that shew that he was well acquainted with the circumstances that have been stated in this section. Bertrandi\* has related instances of abscesses taking place in the liver consequent to injuries of the head. Andouillé† relates additional cases, and makes further observations on the same subject. Of late, Richter‡ has delivered similar opinions, and has directed the practice which should be pursued, when the head is disordered by the re-action of affections of the digestive organs. Still however these circumstances seem to me to be stated rather as occasional, than as occurrences which are common and naturally to be expected, and I therefore think myself warranted in supposing, that they have not made a sufficient impression on the minds of Surgeons, in this country at least.

I beg leave, in the conclusion of this section, to repeat what was said in the former

\* Mémoires de l'Académie de Chirurgie, tom. 3, p. 484.

† Ibid, p. 506.

‡ Chirurg. Biblioth. b. viii, p. 538.



one, *viz.* that I consider the disease as depending on nervous irritation in the parts affected, which is either caused, maintained, or aggravated by disorders of the digestive organs. Yet as the local disease must be regarded as chiefly nervous, it might, in some rare instances, exist independently of any manifest disorder of those organs. I may further add, that much nervous irritation in any part generally excites vascular action. It becomes therefore highly important to attend to the nature and cure of such disorder, as it might ultimately lead to the production of organic disease, which would destroy the patient.

## C A S E S.

## SECTION III.

I proceed to speak of some diseases of the throat, skin, and bones, which so much resemble venereal complaints, that they are frequently treated as such; but which take place without any reasonable ground for attributing them to the absorption of any morbid poison. A disorder of the digestive organs constantly exists in these cases; and produces, or at least aggravates and protracts a state of weakness and irritability of constitution; to which the origin of the disease must undoubtedly be referred.

## C A S E.

A gentleman residing in the country, who had been many years married, and whose

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moral character prevented any suspicion of his having exposed himself to venereal infection, had an ulcer in the right tonsil, possessing every character of a truly syphilitic sore. The figure of the ulceration was oval; it had extended itself deeply, and presented a surface covered with adhering matter, and without the least appearance of granulations. It had continued three months without amendment, although various medicines had been employed during that period. These circumstances impressed the minds of the medical attendants with an opinion, that the disease was venereal. On me they had a contrary effect. I thought that a venereal ulcer would have become materially worse in that time, as mercury had not been used to arrest its progress. Finding that the patient had a furred tongue, and disorder of the digestive organs, I recommended, as the first object of attention, the correction of that derangement of the stomach, from which the sore-throat had probably originated. The patient went to the sea-side, where his throat was alternately better and worse; but the dimensions of the

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the ulcer were not enlarged. Three months elapsed before I saw the patient a second time; when I told him, that my argument against the complaint being venereal was greatly strengthened. It was manifest that the disorder, to which I had imputed the sore, still existed. Being unwilling however that the responsibility should rest entirely upon myself, I advised him to consult another surgeon, who, judging of the nature of the sore from its appearance (which indeed was strikingly characteristical of venereal disease), recommended a course of mercury. The patient underwent, in consequence of this advice, a regular mercurial course; during which the sore got well. Between two and three months afterwards another sore formed in the palate, which had the characters of a venereal ulcer, in a still more striking degree, if possible, than the former. It was situated just where the soft palate proceeds from the bone. It was of a circular figure, and so deep as to expose the bone. The circumference of the ulcer was tumid and inflamed; its edges were not smooth,

but had a tendency to ulcerate. There was no appearance of granulations, and the discharge adhered to the surface of the ulcer. The patient now applied to me again; when I repeated my original opinion, that these sores depended on the state of his health in general. He consulted another Surgeon, who recommended the use of the Lisbon Diet-Drink, with the application of the oxymel æruginis to the part; under which treatment the ulcer healed; and no other complaint has since occurred, though two years have elapsed.

### C A S E.

A gentleman, who was habitually subject in a great degree to disorder of the digestive organs, had an excoriation of the prepuce, which had continued about three weeks, when copper-coloured eruptions came out all over his body, so strikingly similar to those which are venereal, that some of his medical attendants recommended the immediate use of mercury. It was however agreed  
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to delay the mercurial course for a little time ; and to give the patient half a grain of calomel, with three grains of hemlock night and morning, and a solution of magnesia vitriolata in mint-water, so as to keep the bowels freely open. The spots began to die away almost immediately, and soon disappeared altogether. The patient then mentioned that he had several times had the same kind of eruption, which had disappeared in like manner upon taking some opening medicines,

In calling the reader's attention to those diseases of the bones which resemble syphilitic affections, I shall not pretend to relate any case in detail ; for Surgeons can seldom trace the progress of these diseases for themselves, but are obliged to rely on the doubtful history given of their patients. I shall endeavour to sketch the principal parts of the subject, referring to particular cases, merely to shew that the picture is not drawn from fancy, but is copied from nature.

I have been frequently consulted on account of supposed venereal affections of the bones ;  
where



where the periosteum has been thickened and tender, and the bone enlarged, and the concomitant pains have been so much aggravated at night as to deprive the patient of rest. The history of the case has removed all suspicion of a venereal origin; while general indisposition, a furred tongue, loss of appetite, and other attendant symptoms, have clearly indicated great disorder of the chylopoietic viscera. By attending to the state of the digestive organs in these cases, the patient's health is amended; the general rheumatic pains are diminished; sleep is procured; and the disease has receded almost entirely. After some time has elapsed, the bone may again swell, the swelling may again be checked, and return no more. Perhaps similar diseases may take place in other bones, at times very remote from the first occurrence of the disorder. If mercury be not employed, there are decisive circumstances in the history of the disease, which prove that it is not syphilitic. Sometimes suppuration takes place, and exposes the bone: this occasionally proves a kind of crisis to the disease at that part. But the circumstances of these diseases are so variable, as to preclude

preclude a complete enumeration of their symptoms.

I shall briefly mention the cases of two patients, by whom I was consulted about the same time, in order to identify the diseases to which I allude. Both these gentlemen had been married for many years; and there was not the least reason to suppose that any morbid poison had been imbibed. They became generally indisposed, had restless nights, pain in the head and about the shoulders; and a painful thickening of the periosteum of the tibia, with enlargement of the bone, took place. The chylopoietic viscera were disordered in both these cases. One gentleman had used mercury repeatedly to a considerable extent, which produced a temporary alleviation of his disease; but his sufferings seemed to be augmented upon the cessation of the mercurial excitement. The other patient never used any mercury. They both experienced a considerable mitigation of pain from those medicines, which corrected the state of the chylopoietic organs. Their diseases were checked, and never became again so bad as before

before attention had been paid to the state of the viscera. Both these patients were better or worse as the state of the bowels varied; and they both gradually, but slowly, recovered.

Similar diseases are so common, that I believe every surgeon of experience will admit that affections of the bones, with wandering pains, often occur from general disorder of the health. I have never seen these cases unaccompanied by disorder of the chylopoietic organs; and I have always found them most benefited by whatever has tended to rectify the functions of these organs.

There was no reason, in any of the cases alluded to, to suspect the absorption of poison. I will add another, to corroborate this statement. A gentleman, who had been married about eight years, and had no venereal disease during that period, was seized with a violent fever. Shortly after his recovery, a thickening of the periosteum on the parietal bone took place. The scalp was also much swollen, so as to threaten suppuration. He was at this  
time



time in ill health, and had great derangement of the digestive organs. By such attention to this latter disorder as I have mentioned in former cases, this swelling subsided, and no trace of it remained. The patient afterwards went into the country, where his health was still more amended. In about twelve months he had several tumours of the same kind in different parts of the cranium; one alone threatened to suppurate: for these he underwent a mercurial course, which relieved them, so as to induce him to persevere in it to an extent, which almost constantly cures venereal disease. His health, during the latter part of the mercurial course, being much disordered by the medicine, his diseases became proportionally aggravated; he therefore desisted from the use of mercury; at which time his complaints were but little better than at their commencement. These diseases, however, gradually got well in the space of little more than a year; still the patient continued in a bad state of health, the symptoms of which were a furred tongue, indigestion, and faulty biliary secretion.

I add another case, which came under the observation of Dr. Baillie. A student of medicine, who attended the lectures in Windmill-street, was observed to look very much out of health; and, on enquiry, it was found that he had nodes upon his shins, which so exactly resembled those that are venereal, that no doubt was entertained of their being of that nature. It was therefore earnestly recommended to him not to delay the mercurial course, which seemed requisite for the cure. He was very reluctant to comply with this advice, and declared upon his honour that he had similar swellings before he had had any sexual connection. This declaration made the mercurial plan be laid aside; and the nodes got well by a strong decoction of sarsaparilla, without a single grain of mercury being employed. Now, if this account be accurate, it shews that diseases like syphilis can arise from disorder of the health, even without any sexual intercourse.

All surgeons of experience will, I believe, admit that diseases resembling syphilis occur  
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from disorder of the health in general. In all the cases which I have instanced there was not the least reason to suppose that any morbid poison had been imbibed to produce the diseases which existed. I wish much to have this point ascertained or refuted by the general experience of surgeons. The cases, which would tend to establish it, must be of rare occurrence. All the instances, to which I have alluded, occurred in men who had been long married, and on whose veracity I could rely. There is also, in my opinion, sufficient intrinsic evidence in each case to prove that the disease was not venereal. It was this kind of cases which I had in view in my last publication, in discussing the question whether those diseases, which may be denominated pseudosyphilitic, arise from some modification of the venereal poison, or from a peculiarity of constitution in the patients, who are exposed to the action of truly syphilitic virus. I have there said, that "it deserves to be observed that diseases resembling syphilis do occur, without any reason to suppose that any morbid poison has been admitted into the system."

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I have been induced to dwell upon this subject, which may perhaps be considered more speculative than useful, because, if the opinion were verified, it would explain the occurrence of pseudosyphilitic diseases in a very striking and satisfactory manner. If local diseases, resembling syphilis, may take place in the throat, skin, and bones, from a certain state of weakness, and irritability of constitution, then various modifications of animal matter being absorbed may so disorder the general health as to induce such a state of weakness and irritation, which is likely to produce those symptoms; and such symptoms are rather to be regarded as arising from the propensities of the constitution, than from the peculiar properties of the matter which is imbibed. It is shewn in my former publication, that the poison which produces pseudosyphilitic symptoms is sometimes absorbed without an evident breach of surface in the skin; sometimes from a trivial sore which soon heals; whilst, in other cases, it produces local sores of various and dissimilar characters.

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If, however, the reader should doubt whether diseases resembling syphilis may arise without the absorption of infectious matter, that doubt will probably be removed by the facts which are recorded in the next Section; for it will there be shewn that various and dissimilar local diseases originate from the same source, I mean from a similar disorder of the health in general.

CASES.

## C A S E S.

## SECTION IV.

The next class of cases, to which I shall call the reader's attention, is that of unhealthy indurations, abscesses, and fores. Sometimes but one local disease of this description exists, but in general they break out in succession in different parts of the body. The circumstance of their successive formation is, I think, a proof that they depend upon some error in the health in general; and I have accordingly observed that they are seldom, if ever, unattended with disorder of the digestive organs. The imperfect history, which the patients generally afford of their previous state of health, will not enable us to determine with certainty, that the disorder of the bowels was the cause of their ill health and subsequent



subsequent local diseases ; but I can confidently affirm, that those diseases in general become tractable, in proportion as the disorder of the viscera is corrected ; and that frequently no new local symptoms occur, after some attention has been paid to the state of the digestive organs. The diseases to which I allude, have not been described in books of Surgery ; and indeed it is scarcely possible to delineate with precision their various appearances. It would be quite impracticable to describe all the diseases which make the subject of the present section ; namely, unhealthy indurations, abscesses, and sores. They may be compared most justly, in variety and number, with the infinitely diversified combinations and shades of colour. Yet a brief and general description of them will assist to recall them to the remembrance of the experienced surgeon ; and to enable the inexperienced practitioner to recognize them when they occur.

Some of these affections are quite superficial, occupying merely the skin. The first  
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that I shall describe is, I believe, well known to surgeons, as a disease, which is frequently, though not constantly, cured by giving mercury to such an extent as slightly to affect the constitution. A small induration or tubercle takes place in the skin, and this is followed by the successive formation of others at small distances from the original one. The skin between these tubercles becomes thickened. Chord-like substances, which are probably indurated absorbents, may sometimes be felt, extending along the thickened skin. The tubercles ulcerate, and form foul ulcers, which heal slowly and break out again.

Another species of superficial or cutaneous ulcer begins generally in one point, and extends in every direction. The chasm of the ulcer is formed either by a very sudden ulceration, or by sloughing. A sore is left, which first secretes a sanious, and then an ichorous fluid. Granulations afterwards arise, and the sore heals. The granulations are however indurated and unsound; and when the patient supposes that the sore is cured, it is suddenly reproduced

reproduced by a process similar to that by which it was originally occasioned. After some time the ulcer again heals, and again breaks out. Whilst these processes are going on in the middle, the fore enlarges in its circumference; the edges, which are thickened, become at times highly inflamed, and either ulcerate or slough. The disposition to disease is aggravated by fits, and there are intervals when it is apparently tranquil. When this fore has enlarged to a considerable extent, in the manner already described, the central parts, which have healed unsoundly, break out into separate ulcers; and thus present an appearance of several fores, connected with each other by indurated skin or newly-formed substance.

I shall briefly mention some of the principal circumstances relating to the last fore of this description, which came under my care. The patient, who had been ill for more than two years, and had taken a great deal of mercury, came from the country in very bad health, and with his digestive organs much disor-

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dered.



dered. The fore was so painful, particularly at night, that he was in the habit of taking a good deal of opium to procure rest. It occupied the back of the hand and wrist. He had had somewhat similar sores on his head and face; but they were nearly healed, though disposed to ulcerate again. By that attention to the state of the bowels which I have described, and by dressing the sore with an aqueous solution of opium, the greater part of it was healed in the space of three weeks; and the remainder was so much amended, and so little painful, that he had left off his opium shortly after the commencement of this treatment. As the patient's circumstances made it inconvenient to him to remain in town, he went into the country, where the sore broke out again. He then applied to a person who sold a famous diet-drink; and before he had taken twelve bottles, the sore was perfectly healed, and has not since broke out. The diet-drink, he says, had no sensible operation; but his bowels became regular and comfortable, and his appetite amended by taking it.

Another

Another variety of these sores originates in a more deeply seated disease. The cellular substance under the skin becomes thickened, and an unhealthy abscess follows; after the bursting of which, a foul sore is formed. In consequence of this process, the fascia of the limb is sometimes exposed to view, and seems to have sloughed: when the slough has separated, the disease may get well slowly. In many cases, however, there is no exposure, nor separation of the fascia. Sometimes the sore does not extend beyond the limits of the original induration, but heals slowly; while other diseases of the same kind occur in succession in various parts of the body. In other cases, the ulceration of the original sore spreads along the contiguous parts, whilst those which were first affected get well; and thus the sore assumes an herpetic character. In many cases the ulceration extends from the whole circumference of the sore, and thus the scar and ulcerated edges have a circular or oval form; in others, the disease is propagated in particular directions, so that the

ulcerated surface presents the most irregular and peculiar figures.

These diseases sometimes are small in extent in the beginning, but enlarge considerably before the skin gives way; and, when this happens, it proves a kind of crisis to the disease, which afterwards heals slowly. In these cases it becomes the object of surgery to bring the disease to a crisis, whilst it is yet of small extent; which may be effected by producing ulceration of the skin by means of caustic.

Some of these sores are formed from diseases beginning in the absorbent glands; in which case the gland, having first been indurated, suppurates and bursts, and ulceration ensues. When this circumstance has taken place, in an absorbent gland of the neck for instance, another ulcer may form, in the manner above stated, in the skin and subjacent parts, without any gland being involved in it. A third ulcer, having a diseased gland for its cause, may form in the vicinity; and thus the disease proceeds without any regularity.

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I once thought it a necessary but most difficult task for a surgeon to remark the varieties of these diseases, in order to understand his profession, and contribute to its improvement. But, since I have found that these diseases indicate some disorder of the health in general, the correction of which is the great object in their cure and prevention, I have perceived that there is less necessity for undertaking this most arduous investigation; which, indeed, could never be accomplished without very extensive opportunities and indefatigable diligence.

It will be found in the majority of these peculiar diseases, that the patient had been indisposed for some time before the occurrence of the complaint, and, that afterwards the health had become more evidently deranged. The digestive organs are disordered. The tongue is furred at the back part, chiefly in the morning; and the biliary secretion is deficient or depraved. My attention has been directed to the correction of this disorder; and the most beneficial effects have resulted from

from this attention. The sores have healed readily in some instances; and, in those cases where many had formed in succession, no new disease has in general taken place. In some few instances, new sores have formed after the medical treatment of the disorder had commenced, and even after it had been for some time continued. This probably arises from the difficulty, which is experienced in correcting an habitual and long continued constitutional disorder. In some still rarer cases I have found similar but much milder diseases arise, after the disorder of the digestive organs had been in a great degree corrected.

Whilst I am writing this, there are four patients, whom I have attended in St. Bartholomew's hospital, with these diseases; which I mention, to shew the younger part of the profession how frequent they are. The health of these patients has been surprisingly amended in a very short period, by employing the means which I have described; and the sores have healed rapidly, although nothing but simple dressings have been applied to them.

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It is not meant by these observations to depreciate the utility of topical applications to diseased sores, but merely to shew how much they depend on the state of the health in general; for some of them, which have remained uncorrected by a great variety of local applications, will get well under simple dressings, when the state of the constitution is amended. It is not, however, to be expected that this will generally happen; for local diseased actions have been excited, are established, and may continue, independently of the cause which produced them. Topical remedies will, under these circumstances, be employed with the greatest advantage. Again, topical applications are of the highest utility in general practice, because an irritable sore affects the whole constitution, and aggravates and maintains that disorder by which it might have been originally caused. The disorder of the digestive organs cannot in many instances be corrected, till the fretful state of the local disease is diminished. I may further mention, with relation to this subject, that I have seen patients who scarcely ever slept, from the pain  
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of the local disease, whose stomachs were greatly disordered, and who had a distressing purging, which could only be controlled by opium, sleep without interruption during the night; regain their appetite, and have their bowels become tranquil and regular, when, after various trials, a dressing has at last been applied, which quieted the irritable state of the sore. It is right however to mention, that the effects of such an application are not, in general, permanent; but after a time the sore becomes again fretful, and requires some new dressing to soothe or controul its irritability,

I have seen some cases of such diseased sores as I have described, in consultation with other surgeons, who have become convinced that my opinions are well founded. Others have occurred, even in the persons of medical men, whose feelings co-operated to render their conviction more strong.

Having thus, by general observation, imbibed the opinion that the peculiarities of  
local

local disease depend chiefly on the state of the constitution, I shall relate some cases, which were treated in conformity with the principles which such an opinion would naturally suggest. I must, however, previously caution the reader against inferring, that I attribute all local diseases to some general error in the state of the health. I have seen local diseases, which could not be deduced from any general indisposition, nor corrected by remedies which act on the constitution at large. I wish to guard against the suspicion of being inclined to make general assertions; while I avow at the same time, that my observations induce me to believe, that the peculiarities of local disease generally depend upon constitutional causes. Reason also suggests the same opinion; for if sores of the same character break out in succession in different parts of the body, can we doubt but that they arise from the state of the health in general?

There appears to me a combination of nervous irritability and weakness, and to such a combination

tion I am inclined to attribute the peculiarities of these variable and unclassified local diseases. Perhaps I may explain my meaning further, by adverting to what happens not unfrequently in cases of venereal and other buboes. The part and the constitution have been both weakened by the disease that has occurred; they have been further debilitated by the mercury employed for its correction. The disease subsides, but a new disease and action commences; a trivial wound frets out into a phagedænic sore, which is very difficult of cure. The sores, in different cases, are nearly as various in appearance, as those of which I have been speaking. To what are we to attribute these dissimilar, perplexing, peculiar sores, if not to irritation occurring in weak and irritable parts? As the peculiar diseased actions of these sores originate chiefly from the weakness and irritability of the parts, induced by the previous disorder which they have undergone; so in their advanced stages they frequently present the best instance, that can perhaps be adduced, of a peculiar local disease existing



ing independently of constitutional disorder; It is true they affect the health in general; but it may, by attention, be kept in a moderately right state, and yet the sore remains unamended. The diseased actions of these sores sometimes gradually, and sometimes suddenly cease; when healthy actions succeeding, the sore heals. I remember a sore of this description, to which almost every variety of dressing had been tried without benefit. It was very extensive, and had burrowed in various directions beneath the skin. The ulceration at length became stationary; but after nine months the sore still remained as foul and fretful as it had been for a considerable time; when in the course of one week it perfectly cicatrized, leaving the hollows which I have described; for it had thrown out no granulations to fill these chasms.

Having thus stated the opinions, which I have formed, relative to these kinds of local diseases; and which were deduced from cases too numerous to record, of which I have preserved no accurate accounts; I proceed to relate

relate some cases treated in conformity to these opinions, which will, I trust, be sufficient to exemplify and illustrate the present subject.

### C A S E.

A gentleman's servant, between thirty and forty years of age, was sent to me with a bad ulcer in his cheek, situated between the nose and under eye-lid. The surrounding parts were inflamed, swollen, and indurated, so as to rise fully half an inch above their natural level. The sore was of an oval figure; measuring about an inch and a half in length, and half an inch in breadth and depth; indeed I could scarcely see its bottom. The surface was covered by adhering matter of a greenish hue. The cuticle round the margin was thickened, and had in some parts scaled off. The patient had been rubbing in the mercurial ointment for this complaint. He declared that he had had no chancre for many years, but had contracted a gonorrhœa about a year before his present

present disorder. His health was much disturbed; he had no appetite; his tongue was much furred and tremulous; his bowels alternately costive and lax; his fæces blackish. I advised him to take five grains of rhubarb about an hour before dinner, and five grains of the pil. hydrarg. every second night, with castor oil or senna tea occasionally, so as to procure a motion daily. The sore was dressed with sperma ceti cerate. I saw him again in three days; when he said that he felt himself under the greatest obligations to me. He had been entirely free from pain and distressful sensations, since he began to take the medicines; although he declared, that before that time, he should have been thankful to any one who would have destroyed him. I mention this, because I have often remarked in these cases, the surprisingly great relief and comfort which have arisen from a change, produced by means apparently insignificant and inadequate. The bowels now acted regularly, and the stools were more copious and of a more natural colour, and to this correction of the biliary secretions



secretions I am inclined to impute that relief, which he so forcibly depicted. The sore had discharged profusely; the surrounding swelling and inflammation were much lessened. He pursued the same plan of treatment for a month; during which time he recovered his appetite; his tongue became clean; his bowels regular, and the biliary secretion natural. The sore had contracted into a small compass, but without the appearance of granulations; and the surrounding parts were not swollen, though still red. His health became at this time again much disordered, in consequence of his catching cold, from exposure to rain. He had pain in the bowels, with a slight purging; his appetite failed; his tongue was furred; and he had a severe cough, attended with copious expectoration. The sore on the cheek also enlarged to about one half of its former size: and the surrounding parts became tumid. I had the patient admitted into St. Bartholomew's Hospital, where he took the decoction of calearilla with squills. His cough got materially better in a short time: the state of his stomach  
and

and bowels also greatly improved. The fore again diminished in size. About a fortnight after his admission into the hospital, an eruption came out over his whole body. The spots were of a copperish hue, but rather smaller, and more elevated, than venereal eruptions generally are \*. Some of the eruptions gradually disappeared ; and, in about a fortnight, it was certain that many were entirely gone. About this time he began to complain of his throat ; and an ulcer, of the size of a shilling, formed in each tonsil. The edges of these sores were elevated, and uneven, without any appearance of granulations ; the surface was covered with yellow adhering matter. The patient now again caught cold : he was attacked with pain in the bowels, and purging, which obliged him to get up frequently in the night, and to remain for some time out of bed. The cough and expectoration returned : he lost his appetite ; and had a furred tongue. Dr. Roberts, whom I met at the hospital, did me the fa-

\* Many persons who saw this patient did not entertain a doubt but that all the symptoms arose from syphilis ; it was their progress alone which evinced the contrary.

vour to prescribe for him. In a day or two afterwards, an erysipelatous inflammation appeared on the right side of his face, opposite to the situation of the sore. The eyelids were so tumid that he could not open them: the erysipelas spread to the other side of the face; and the other eye was equally closed. The fever also ran very high, and the patient became delirious; so that he was obliged, for many days, to be confined by a strait waistcoat. These symptoms gradually abated, and he recovered, so as to be in better health than I had ever seen him. He was discharged in about six weeks, in a state of convalescence; and attended Dr. Roberts as an out-patient. The eruption and sore throat had entirely disappeared; the original ulcer was firmly healed; and the contiguous skin had become soft and natural, though it was still discoloured. A year has since elapsed, and he has had no return of his complaints.

It is, I think, sufficiently evident, in the present instance, that the peculiarities of the local diseases had their origin in the state of the constitution.

CASE.



## C A S E.

I was consulted, by a medical gentleman in my neighbourhood, on the case of a lady about forty years of age; who had been long subject to dyspepsia, and severe head-aches. Her present and chief complaint had been of about three months duration. It began with weakness, and an apparent irregularity in the motions of the lower extremities, attended with considerable pains resembling rheumatism, and rigidity of the calves of the legs. These symptoms increasing, she was unable, in the course of a month, to move about at all; but was obliged to be lifted in and out of bed. At this time an induration of the muscles of the calf of each leg had taken place. The indurated substance was about three inches in length, and between two and three in breadth. It was severely painful at times, and the integuments covering it were occasionally inflamed. There was also some pain and swelling in the ham. Leeches, sedative lotions, and mercurial oint-

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ment

ment had been applied, cicuta and tonics had been given, but without alleviating the symptoms. I first saw the patient about six weeks after she had been obliged to keep her bed entirely; and the peculiarities of the present case led me at once to refer its origin to the state of the health in general. The appetite and digestion were impaired, the tongue was much furred, and the fæces blackish. I merely recommended fomentations to the indurated parts, considering it the primary object to correct the morbid state of the digestive organs. With this view the compound infusion of gentian with the infusion of senna and tincture of cardamoms was given, in such doses as to procure an adequate evacuation daily, and five grains of the pil. hydrarg. were taken every second night. These simple medicines were completely successful: after taking them a short time, the discharges from the bowels were natural, and properly coloured with bile. The appetite returned; the tongue became clean, and the pains almost immediately ceased. No cutaneous inflammation indicating a disposition to suppuration, appeared  
again

again over the indurated parts, which gradually recovered their natural state. In a fortnight the patient could go about with a stick, and in two months could walk as well as before her complaint. She has enjoyed better health, since this time, than for many years before\*.

### C A S E.

A gentleman, thirty-two years of age, who had been subject for several years to occasional attacks of severe pain in the bowels, was seized, about the end of August, with a violent purging, which continued for a fortnight, and was attended with fever. About a month afterwards, he felt pain in his leg at night, which became gradually continued even during the day, and obliged him

\* The state of the indurated muscles, in this case, was such as would lead to the belief that suppuration would take place in different parts of the hardness; indeed, I have seen many cases less formidable in appearance terminate in that manner. Seeing how much the irritability of muscles is disordered by that state of constitution which I have been describing, I think it is allowable to conclude that most of the organic diseases of muscles originate from this cause.



to confine himself to bed. In the beginning of October a swelling was perceived near the inner ankle, which suppurated, and was opened on the twentieth of the same month. Two large tea cups full of dark brown matter were evacuated. The discharge continued profuse for some time, and afterwards diminished. Four other small gatherings then took place in succession, and bursting continued to discharge; each aperture fretting out into a foul sore. About the beginning of February I first saw this case, which was considered as a disease of the bone. The five sores had apertures in them leading to sinuses, which communicated with each other. A probe introduced into one of these, near the bottom of the tibia, could be moved upwards and downwards along the surface of the bone, which was not, however, denuded. From an upper ulcer the probe could be passed behind the bone, and under the muscles of the calf; this indeed seemed to be the original seat of the abscess, from which the sinuses proceeded to their different outlets. The integuments were œdematous, and firm to the touch; so that I could not distinctly

inctly feel the outline of the tibia; but I thought that the bone was not altered either in form or size. The firmness with which the patient stood upon the limb, and the want of aching pain in the bone contributed also to make me believe that it was not diseased, and that the whole disorder consisted in an unhealthy abscess, the discharge from which had caused various sinuses in the manner already described. I could not but attribute such a disease to a general disorder of the health, and indeed the patient's countenance and appearance indicated a constitution much weakened and harraffed by illness. His tongue was furred, and the discharges from the bowels were irregular, deficient in quantity, and of a blackish colour. With a view to the correction of these symptoms, I directed the patient to take five grains of the pil. hydrarg. every second night, and the infusion of gentian with fenna, so as to procure one motion daily. But little benefit was obtained by these measures; and in about a fortnight afterwards a thickening of the integuments took place over the fibula; a considerable swelling gradually arose, and another abscess formed,

which

which burst in about three weeks, and discharged a considerable quantity of brownish matter mixed with blood. During this time the limb was merely poulticed, and the patient could not leave his bed. His pain was extreme, and he had no rest at night. The use of opium was necessary to alleviate his sufferings, and opening medicines occasionally to procure stools. He took but little nourishment, and his health greatly declined. The disordered state of the stomach and bowels was much aggravated by this local irritation. Indeed, the situation of my patient was now particularly perplexing. The local disease made the general health worse; and the aggravation of this general disorder, which appeared to have been the cause of the local disease and of its continuance, proportionately increased the latter malady. The confinement to bed afforded an additional obstacle to recovery; yet it was impossible to remove him in his present state, on account of the pain which motion occasioned. The leg was insupportably painful in a dependent posture. As change of air and exercise seemed essential to his recovery, I was induced to try if Mr. Baynton's  
excellent



excellent bandage, by supporting the weakened vessels, would prevent their distention, and the consequent pain. The fores were dressed, after as much matter had been expressed from the sinuses as could be done without occasioning pain. Strips of sticking-plaster were applied after the manner of a many-tailed bandage; and the limb was afterwards rolled with a calico roller. The patient felt comfortable, and found his limb strengthened. He was directed to wet the roller, if the parts became heated. The effect of this treatment was surprising both to the patient and myself. The pain, which had been constant before pressure was employed, ceased from the time of dressing till five o'clock on the following morning; but from that time it gradually increased till noon, when the dressings were renewed. The cause of this occurrence now became manifest; for, upon opening the bandage, more than a tea-cup-full of matter was discharged from the different sinuses. I dressed the limb as before, cutting holes for the escape of the matter opposite to two of the chief sinuses. I desired the patient to put his leg to the ground, in order  
to

to ascertain the effect of the perpendicular position when the vessels were supported; and he experienced no inconvenience. This day passed, as the former, without pain; and, as the matter poured into the sinuses readily escaped, he had no uneasiness from its detention. I recommended him to sit up, and put his leg to the ground several times in the day, in order to accustom it to that position. After I had dressed it on the third morning, the patient stood up, and took two or three steps very feebly; but this was rather the effect of general weakness than of particular infirmity in the diseased limb. I now advised him to go a little way out of town in a carriage. The air and exercise, together with the freedom from pain, produced a very beneficial effect. He began to recover his appetite, slept at night, and acquired so much strength, that he was able in a week to go about his house, and to resume his attention to business. The discharge from the sinuses was very trifling, and the sores looked much better. The patient now undertook to dress his leg himself, and hired a lodging out of town, so that I only saw him occasionally. His limb was  
so

so much amended in the course of a fortnight, that it caused no more trouble than that of daily dressing. But his health was not good. His countenance had the same expression of illness as when I first saw him; his tongue was white and dry; his bowels costive; and the stools of an unhealthy colour. I therefore recommended him to take again the same medicines which I had formerly ordered him. His health now improved; his tongue became moister, and less furred; the bowels more regular; and the fæces coloured with a more healthy bile. He continued recovering till the middle of April, when he began to complain of the trouble of applying the sticking-plaister, and used the calico roller alone. I did not see him for three weeks, and then found him in a very desponding state. He complained of the tediousness of his confinement, which had lasted more than half a year, and said that he would willingly submit to have the sinuses laid open, if that would make him well. I found his leg well, excepting two orifices near the tibia; three ulcers, which formed the apertures of as many sinuses, had healed;



healed; the outline of the bone could be distinctly felt; and there was no alteration of it in form or size. I was unable at first to account for this despondency under such favourable circumstances; but I soon discovered that it was the effect of hypochondriacism. For his tongue was much furred and dry; and at the same time that he left off the bandage, he had also discontinued his medicines. I urged him to return to them immediately; and called on him again in ten days, when he perceived clearly the absurdity of his late despondency, as well as its cause. He called on me on the 10th of July, with a new swelling near the upper part of the tibia, which threatened to form an abscess, similar to those which had formerly taken place. I covered the limb with the bandage of sticking-plaster, as at first. The new disease disappeared entirely; and the old ones were so much benefited by the exact and equal pressure, that the patient felt no difference between the sound and the affected limb. The ulcers gradually healed, and his health is better than it has been for some years: yet still there is an evident

dent tendency to disorder of the digestive organs.

If upon an extensive and accurate examination of the subject it were to appear that many very peculiar and very dissimilar local diseases originate from a common cause, namely from weakness and irritability of the system in general, our enquiry would be further extended, and we should feel anxious to know whether similar causes may not operate in the production of more common and more frequent local disorders. As far as my late observations have enabled me to determine, that state of the digestive organs, which I consider as denoting constitutional disorder, exists prior to the formation of a carbuncle; and is exacerbated during the progress of that disease. This opinion indeed will appear probable, if we consider the kind of persons who are attacked with carbuncles, and the considerable derangement of health, which even a trivial local disease of this nature occasions. I shall mention but one case in support

port of this opinion, though I have made similar remarks in several other instances.

### C A S E.

I attended a gentleman, who was afflicted with carbuncles, during three successive attacks, at the interval of about a year between each. I made an incision through the indurated skin, down to the subjacent floughy cellular substance, and thus brought the local disease to a crisis. This treatment was sufficient in the two first attacks; the extension of the disease was prevented; the floughs separated, and the wound healed. The patient, whose mode of life was intemperate, had cough; difficult respiration; fullness and tenderness of the parts situated in the epigastric region; unhealthy secretion of bile; and in short, all those symptoms which denote a very considerable degree of disorder of the digestive organs: it is probable indeed that some organic disease of the chylopoietic viscera existed. After he had recovered from  
the



the carbuncle, I told him that the most important disease still existed; and urged him to be attentive to his diet, and to the directions of his medical attendants. He still however continued to live intemperately, and his disorder increased. He was indeed nearly dying from diseased viscera, when he was attacked with carbuncle for the third time. The division of the parts produced a temporary cessation of the disease; but it began again to spread in every direction from its circumference, and he died.

It will not, I believe, be doubted, that boils are a slighter degree, with some variation, of the same disease, which causes anthrax and carbuncle; and it is almost unnecessary to remark, that some persons are subject to a successive formation of very large and troublesome boils from the least irritation of the skin. I have seen many persons thus affected; and there has been in every instance disorder of the digestive organs, the correction of which has prevented the return of these vexatious local diseases. One gentleman,

tleman, who had been tormented for many years by the quick successive formation of boils as large as eggs, has been free from them for some years; though he has had other disorders which denote such a condition of the constitution, as it has been my object to describe in this paper.

I have remarked in many instances that diseases of the absorbent glands, such as are usually and justly denominated scrofula, occurring in adults, have apparently originated from the disorder which I have described. In several cases the local disease was of long duration, and had become worse rather than better under various plans of medical treatment; yet it amended regularly, and sometimes even quickly, in proportion as the state of the digestive organs was corrected. I need not detail any cases on this occasion; since every surgeon must know them familiarly. The patients are commonly sent to the sea-side, or into the country; where enlarged glands subside, and those which have suppurated and ulcerated heal; and the local disease

disease recovers, in proportion as the health in general is amended.

There are cases of scrofulous diseases occurring suddenly, and in various parts of the body at the same time, which seem to originate in that state of health, which is occasioned by disorder of the digestive organs. I have chiefly observed these cases in children; and they have followed some violent febrile affection. In two cases which I shall particularly mention, the small-pox was the antecedent disease. I have already stated, that when the health has been considerably disordered by some violent disease, the digestive organs may become subsequently affected; and that this disorder proves a cause of many secondary diseases.

### C A S E.

A child of two years old had the small-pox, from which he did not seem to recover, but, on the contrary got into a very bad state  
of



of health. The absorbent glands on the right side of the neck became enlarged in succession, so as to form altogether a very considerable tumour, which extended down to the collar bone. The axillary glands then became affected in the same manner; the swelling was unusually great, and seemed to extend under the pectoral muscle, elevating it, and forming by this means a continuation of tumour, with the glands of the neck. These swellings had partially suppurated, and had broken in two places, viz. in the neck, and about the margin of the pectoral muscle: but no relief followed; on the contrary, the mass of disease seemed to be rapidly increasing. The child was bowed forwards, so that the spine was much curved in the loins; the left leg appeared paralytic; and a swelling was perceived in the abdomen, which I could not but ascribe to an enlargement of the external iliac glands. The child was extremely emaciated; his skin felt hot and dry; his tongue was covered with a brown fur; and the stools were black and highly offensive. As there was no expectation that he could survive this desperate

desperate state, those medicines only were prescribed that seemed likely to correct the state of the digestive organs; such as occasional doses of calomel and rhubarb. A strict attention to diet was also recommended. Under this treatment the stools gradually became natural, and the tongue clean. The disease seemed to stop immediately. As the health was restored, the swellings rapidly subsided; and the child became one of the healthiest and stoutest of the family.

### C A S E.

A female child, after having had the small pox, got into bad health from disorder of the digestive organs. She was then suddenly attacked with a scrofulous affection of the knee and elbow of the opposite sides of the body. Two collections of fluid had taken place beneath the fascia of the leg and thigh. The joints were greatly enlarged, and the swelling was apparently caused by an increase in the size of the bones. Had I seen either

M joint,

joint, as a single case of disease, I should have said that it would leave the child a cripple. It was manifest, in the present instance, that these diseases were the consequence of ill-health; and that the first object was to correct the general disorder of the system. The functions of the digestive organs, which were deranged, were restored to their natural state, by employing the same diet and medicines which had been so signally successful in the preceding case. By these means the health was re-established, and the local diseases gradually disappeared.

I have heard it remarked by surgeons of great experience, that patients often recover when many scrofulous diseases appear at the same time; although some of them may be so considerable, that they would seem to warrant amputation had they appeared singly. The cases which I have related afford a most clear and satisfactory account of the mode of recovery. General irritation and weakness bring on diseases, to which perhaps a pre-disposition may exist, in several parts



parts of the body; these cease when their exciting cause is removed.

After having attempted to shew that pseudo-syphilitic and many other non-descript diseases arise apparently from the state of the constitution, and that carbuncle and scrofula are sometimes consequences of the same cause; it may be enquired, whether all these various affections originate from a similar disorder of the general health. If the same general disturbance of the health can produce a great many varieties of local disease, it may produce many others, and even every variety \*. If the actions of any part of the body are excited by accidental causes, it may be reasonably inferred that, in a state of health, they will be simple and common, unless the stimulant is of a peculiar nature. But if these actions are specific and diseased, we naturally conclude that the cause of their becoming

\* Even in cancer, disorder of the digestive organs appears to be antecedent to the local disease, and aggravated by its existence; but whether this disorder be the effect or cause of the constitutional diathesis cannot be at present determined.

is constitutional. The occurrence of similar local diseases in different parts of the body, furnishes an additional proof that the cause of such diseases is constitutional. But although the cases related in this paper naturally suggest an opinion that there is some constitutional cause for the production of local diseases, they do not amount to a complete proof. Indeed I have never investigated this point particularly, though it deserves and admits of examination.

The subject may be viewed in another way : weakness and irritability occurring bring on those local diseases, to which a pre-disposition exists ; and thence the connexion which I have observed of such diseases with impaired health may be accounted for. The cases contained in this paper are, in my opinion, insufficient to determine whether the constitutional disorder is to be regarded as the exciting or the pre-disposing cause of the local disease.

I have also observed that diseases of particular organs seem to originate, in many instances,

instances, from disorder of the system in general. The testis of the male subject, and breast of the female, have furnished me with examples of this observation. In the cases to which I allude, the testes were alternately affected, enlarging considerably, and then subsiding \*. I have met with numerous and interesting cases of such diseases of the breast; however, the relation of a few will be sufficient to inform the reader of all that I know concerning this subject.

### C A S E.

A lady came to London, to submit to the removal of a diseased breast, if it should be judged necessary. The disease had existed for more than two years. The breast of the affected side was one third larger than the

\* The cause which excites and maintains alternate irritation and disease of the testes, generally resides in the urethra; but there was no disease of that part, in the cases which I now mention. The patients first became unhealthy, and disorder of the testes followed. Similar affections are not uncommon in pseudo-syphilis.

other;



other; indurated in several parts; and so much enlarged and hardened in one place, that this might have been taken for a distinct tumour on a hasty and inattentive examination\*. This part was situated near the margin of the pectoral muscle. The disease had resisted the various means employed with a view to disperse it, such as leeches, lotions, mercurial ointment, &c. It was occasionally painful, and caused the patient so much mental anxiety, that the surgeon, who attended her in the country, thought it should be removed. The mammary gland of the opposite side was far from being in a perfectly healthy state; which circumstance appeared to forbid an operation, since the same disease might take place afterwards in the opposite breast. The patient's general health was much impaired, her tongue was furred, her appetite deficient, her digestion

\* It may not be improper to observe here, for the instruction of the younger part of the profession, that if a breast containing a portion which is particularly indurated be examined with the points of the fingers placed circularly, the disease will feel like a separate tumour; but if the flat surface of the fingers be moved over it, its true nature will become manifest.

imperfect;

imperfect; the biliary secretion was disordered, and the bowels costive. I ordered her to take a compound calomel pill every other night, five grains of rhubarb half an hour before dinner, and the infusion of gentian with fenna, so as to procure a sufficient evacuation of the bowels daily. Linen moistened in water was applied to the part in the evening, or when it felt painful and heated. This plan of treatment reduced the bulk of the diseased gland by at least one third in the course of a fortnight. The patient went afterwards into the country, still employing the same medicines; and was entirely free from the disease in three months, though she felt occasional shooting pains, which probably indicated that her health was not completely re-established.

### C A S E.

A lady consulted me on account of a considerable swelling of the breast, attended with much pain. It had come on suddenly, and had been painful about a week; but she thought

thought that a lump had existed previous to this time. The principal tumour was on the side next the sternum, and was as large as an hen's egg; it seemed to be distinct, yet there was a general swelling, with partial induration of the substance of the gland. The tongue was furred, the bowels costive, and the pulse frequent; and she was, to use her own expression, very nervous. I directed her to use the same means as were mentioned in the preceding case. Small doses of mercury act beneficially on the bowels, by inducing regular and healthy secretions; and I know no better method of administering it as a discutient. The general induration of the breast and tumefaction of the integuments subsided quickly under this treatment, and left the lump in the same state which I supposed it to have been in before the attack of general swelling and pain. In another week this apparently distinct tumour was flattened on its surface, diminished in size, and confused with the substance of the mammary gland. Its form varied each successive week; it first became oblong, and afterwards seemed to separate into two parts; but in less than six weeks no trace of it could be felt.

CASE.



## C A S E.

A medical man, who resides in the country, brought his daughter to town for advice. She had apparently a tumour in her left breast, between the nipple and the axilla; in which part she had felt a good deal of pain. The swelling was of very considerable size, and the breast so tender, that I could not exactly make out whether it arose from distinct tumour, or from a partial enlargement of the mammary gland. Want of time prevented the patient's father from shewing the case to another surgeon. I could only give him this opinion; that in the present circumstances no one would think of an operation. I recommended the application of the *lotio ammon. acetat.* when the part felt heated; and as the patient had disorder of the stomach and bowels to a great degree, that the chief attention should be paid to the state of these organs. A grain of calomel was directed to be taken every second night; rhubarb before dinner, and *infus. gentian. and fenna*, if necessary.

About

About two months afterwards, having occasion to be in that part of the country where the patient resided, I called on her. Her father then told me that the swelling had subsided considerably, after his daughter's return in the country; and that of late he had not examined the complaint, as she told him she felt no uneasiness from it.

When I now examined the breast, I could not perceive any difference between it and the other. No vestige was left of a disorder, which had been of such a magnitude, as to occasion considerable alarm; a circumstance that excited the greatest surprize in the mind of her father, who was a practitioner of much experience\*.

Before I had paid attention to those complaints which arise from, or are aggravated by constitutional causes, I could not have believed that such considerable local diseases, after resisting various topical and general

\* I have also known cases of induration and suppuration of the salivary glands, apparently caused by the same general disorder, and cured by the same treatment.

means,

means, should give way so readily and completely to small doses of medicine. It is only by considering the manner in which this effect is produced, that the subject can be placed in a proper point of view.

An attention to the state of the bowels is indispensably necessary, even in the common practice of surgery. A simple cut of the finger frets into a bad phagedænic sore, which resists every local remedy so long, that amputation is at last proposed. This is the consequence of bad health, which in its turn is aggravated by the irritation of the sore. The patient has a furred tongue, with other symptoms of disordered digestive organs. An attention to this disorder corrects the painful state of the sore, which now heals rapidly under simple dressings.

A patient has a disorder in the urethra, almost too trivial for surgical attention; yet producing much inconvenience. The functions of the digestive organs are impaired, and he is hypochondriacal. He consults a  
physician,



physician, under whose care, his general health is amended, and he no longer feels or thinks of the local disease.

An erysipelatous inflammation of the leg is imputed to some trivial cause; as for instance a gnat-bite. It becomes worse under the common remedies. The health has been long declining, and the chylopoietic viscera are obviously deranged. The erysipelas is quickly cured by medicines prescribed for that disorder.

A patient supposes that his knee is strained; for pain and inflammation of the joint suddenly come on, with deposition of fluid into the articular cavity; this attack is attended with fever, furred tongue, and unnatural discharges from the bowels. Leeches, cooling washes, and poultices, in short, all topical applications are unavailing. It is a case of rheumatic inflammation, for which a physician is consulted. Five or six weeks elapse without any abatement of the disease, the patient being almost unable to stir in bed.

An

An alteration in the health suddenly takes place; the tongue becomes clean; and there is no longer any pain in the knee. All the fluid is absorbed from the joint in two days, and the patient walks about his chamber. Or there may actually have been some local injury; but the consequences are very considerable and violent, and quite incommensurate to the cause. Such occurrences can only be assigned by imputing the effects to the state of the health in general. I could relate a great number of cases to illustrate this subject, but it does not seem to me to need any further exemplification\*.

I again repeat at the conclusion of this section, that though I admit the possibility of the existence of diseases strictly local, and have adduced some instances of them, I consider the diseases, which I have been describing, to arise from disorder of the health in general, which is

\* As operations are injuries, so we ought not to perform them when the constitution is in this state. I could relate several instances of the wounds made in operations, assuming diseased actions from such a state of the constitution.

often caused, though sometimes merely aggravated, by disorders of the digestive organs; and it follows, if this view of the subject be correct, that such diseases may sometimes exist, without any manifest disorder of the digestive organs. The disorders of these viscera may act in a two-fold manner on the constitution; they may be the cause of an impure or imperfect state of the blood, and they may cause or aggravate nervous irritability. Whether in consequence of such effects they are to be regarded as the predisposing, as well as the exciting causes of such diseases as I have described, is an enquiry very worthy of investigation; but it does not appear to me to be determinable by the facts which have been recited.



## C A S E S.

## SECTION V.

*Disorders of parts which have a continuity of surface with the alimentary canal.*

I had formerly observed spasmodic strictures of the œsophagus to disappear under various modes of treatment, in a manner which I did not understand. Mercury seemed to effect the cure in three instances. Many cases have occurred to me lately, in which the irritation in the œsophagus seemed to be first excited and afterwards maintained by disorder of the digestive organs. It will be readily allowed, that spasmodic strictures of the œsophagus, when long continued, may cause a thickening in the affected part of the tube, and thus the stricture may become permanent. One instance will be sufficient to illustrate

trate

trate and verify this view of the subject; indeed I merely wish to excite attention to this subject, for I am incompetent to give an opinion as to the frequency or degree, in which affections of the stomach produce these disorders.

### C A S E.

A lady, who had been in bad health for many years, and was supposed by her medical attendants to have a stricture of the œsophagus, became at last incapable of swallowing any food, except in very small quantities; she was even then obliged to drink some fluid after each morsel, to facilitate its descent into the stomach. Some mucus and blood rose into the mouth after vomiting, which very generally followed the taking of food. Under these circumstances, I was requested to pass a bougie, in order to ascertain the state of the œsophagus; but I declined this examination, on account of the disorder which existed in the stomach. The tongue was greatly furred; the parts in the epigastric region

region very tender: the bowels much disordered; the secretion of bile either very unnatural, or entirely wanting; every symptom, in short, which indicates an aggravated form of disorder of the digestive organs, existed in a striking degree. The stomach and bowels were brought into a better state by such medical attentions as I have already so often described; and the œsophagus partook of this amendment: for moderately sized morsels of food could now be swallowed without the necessity of washing them down by liquids. The general health also improved, and she became fat. But the disorder of the digestive organs, which had been of long continuance, was not completely subdued; she was still subject to relapses, and in some of these the difficulty of deglutition again occurred.

The throat and mouth are the parts next in order; but it is unnecessary to relate additional cases under this head: some of the instances already recorded will be sufficient to confirm my sentiments on this subject,



and the propriety of the practice which I have recommended.

That diseases of the nose may be caused or aggravated by irritation arising from the stomach is a proposition, which will, I think, be readily granted. Indeed it seems surprising that the operation of this cause has been so little adverted to in books of surgery; since the phenomena which prove the fact are so well known. Are the monstrous noses, caused by excessive drinking of vinous and spirituous liquors, to be otherwise accounted for, than by irritation arising from the stomach? And do not worms in children cause a teasing sensation in the extremity of the nose? I had seen in private practice, several cases of irritation and swelling of the end of the nose, in some instances accompanied with small ulcerations of the pituitary membrane. In these cases, the skin over the nose, which was tumid, became rough and discoloured: the middle of the discoloured part became sound; whilst the circumference retaining its morbid actions, the disease there spread in a small degree. In these cases

cases the tongue was furred; and there were evident indications of disorder in the stomach and bowels. The disease was checked, and cured, by attention to this disorder. I was strongly impressed with the opinion, that if these cases had been neglected, they would have terminated in that herpetic ulceration, which so often affects the end of the nose. I have also seen several instances of that herpetic ulceration in its confirmed state more materially benefited by medical attention to correct the disorder of the digestive organs than by any local application: and I feel confident that it may be frequently cured by such endeavours.

I have observed, in all the cases of that noisome and intractable disease, ozæna, which have come under my care lately, that the stomach and bowels have been disordered; and more benefit has been obtained by endeavouring to bring these organs into a healthy state, than by all the local applications which had been previously tried. I stated to a medical friend my opinions respecting one patient

who came from the country, and begged to know the effect of the treatment which I had proposed. He informed me, after some months, that he had not been able to succeed in correcting the visceral disorder; and after relating the means which had been used, he adds, "The patient was now attacked with a bilious disorder, to which she had formerly been subject, and for which I gave her six grains of calomel in a bolus, which soon relieved her. During this attack the nose seemed well; there was no fœtor in the discharge, and she recovered her sense of smelling." However the disease returned afterwards as before.

In farther confirmation of the opinion, that diseases of the nose depend much upon the state of the stomach, I shall mention the case of a woman, who had a disease of the nose, which I expected would, at least, prove very tedious and very troublesome, but which got well speedily under simple dressings, in consequence, as appeared, from the effect of internal medicines.

CASE.



## C A S E.

This patient was between thirty and forty years of age ; had a furred tongue, bowels alternately costive and lax, and their discharges discoloured. An enlargement of the left alar nasi, caused by a great thickening of the parts covering and lining the cartilage, had gradually taken place. The skin was discoloured, and an ulcer, about the size of a sixpence, had formed on the under surface of the ala. The sore was deep, with a sloughing surface, and uneven and spreading edges. Spermaceti cerate was employed as a dressing ; and the external skin was frequently bathed with Goulard's wash. She was ordered to take internally five grains of rhubarb an hour before dinner, five grains of the pil. hydrarg. every second night, and the infusion of gentian with fenna occasionally. The sore ceased to spread, the swelling gradually subsided, and all diseased appearances were removed in the course of a month. The patient also found her health considerably amended.

In

In most cases of deafness, there is probably a state of irritation, and a tendency to inflammation, throughout the passages of the ear. The external meatus is unusually sensible, the secretions being either suppressed, or discharged in an unnatural quantity. The lining of the eustachian trumpet is thickened; and hence it becomes partially obstructed. It must be admitted that such a state of the organ is likely to be aggravated by a cause, which maintains or produces irritation in the nose. When dullness of hearing also depends on a torpid state of the nerves, it may be caused by the same circumstance, which is known to affect the sensibility of other nerves,

Indeed, I have remarked that the hearing of many persons has considerably varied with the state of their health in general; so that I felt no surprise from the occurrence related in the following case.

A gentleman applied to me on account of some pseudosyphilitic symptoms, which I told him would gradually become well. I advised  
him,

him, at the same time, to be particularly attentive to the state of his digestive organs, which were generally disordered by the effects of the poison. He took five grains of the pil. hydrarg. every second or third night. The disorders for which he had consulted me were all removed in the course of two months; when I received a letter from him, saying, that he thought it a duty he owed to me and to the public to inform me, that the lenient course of mercury, which I had recommended, had cured him of a considerable degree of habitual deafness.

It is well known that ophthalmia frequently arises from constitutional causes; and in such cases the digestive organs are generally deranged. The health will be most speedily restored, and the local disease most effectually diminished, by correcting the disordered state of the abdominal viscera. There is no necessity for enlarging upon this subject; yet it may be useful to state what I have observed respecting those ophthalmies, which take place subsequently to gonorrhœa, and which have  
generally



generally been ascribed to a retropulsion of that disorder, or to the accidental application of the discharge to the surface of the eye. In the worst of the cases which I have seen lately there was considerable redness and irritability of the eye, lasting nearly a fortnight. The digestive organs were deranged in all the cases to which I allude; and I attribute the comparative well-doing of these patients to the attention which was paid to their correction, and to tonic and stimulating applications, as a solution of zincum vitriolatum to the surface of the globe, and unguentum hydrargyri nitrati to the eyelids. In other cases, which I had formerly been witness to, where evacuations by bleeding and purging, &c. were employed, the disorder was extremely obstinate; nay several patients lost their sight.

That cutaneous diseases\* are much connected with the state of the stomach, is generally  
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\* It may perhaps be right to advert to the direct and sudden sympathy which exists between the skin and the stomach. In affections of the latter organ, the skin is dry and cold, moist and cold,

rally known. Hence various medicines have been recommended to correct disorders of that viscus, with the view of removing the more evident, but consequent disease of the skin. The account, which I have given of disorders of the digestive organs, may lead to a more rational and less empirical treatment, and to the more just appreciation of the value and mode of action of remedies, which are sanctioned by experience. It is almost superfluous to relate any case to authenticate so well known a fact; the following, however, may be found interesting and instructive.

A patient in St. Bartholomew's hospital had an herpetic disease of the skin. This had

cold, hot and dry, or moist and dry; and it suddenly changes from the one to the other condition, as the state of the stomach varies. When the digestive organs are disordered, the irritable state of the skin is manifested by the effects of blisters and other irritating applications. A blister produces a tormenting local disease, and even a Burgundy pitch plaster causes extensive erythema. Indeed, when the constitution is irritable, all the modes of counter-irritation, which surgeons employ under other circumstances with success for the cure of local diseases, are likely to do harm; and thus these curative methods obtain discredit in consequence of their ill-timed employment.

healed

healed in the middle, and spread in the circumference to such a degree, that it occupied nearly the whole length of the leg, and included two thirds of its circumference. The skin had recovered a moderately sound state in the centre. The disease was propagated in the circumference by an ulceration, which threw out a projecting and firm fungus of a tawny colour, of about half an inch in breadth. A small groove or channel separated this fungus from the surrounding inflamed skin, which had not yet ulcerated. A similar disease occupied the back part of the arm; this was of an oval figure, and resembled, in every circumstance, that which I have already described upon the leg. These diseases had existed for nearly two years, and continued to spread in opposition to every mode of treatment. Mercury had been employed, even to salivation, without any marked alleviation of the local complaint. I immediately perceived that the digestive organs were greatly deranged: upon correcting this disorder, the skin surrounding the disease became pale; and all disposition to spread ceased. The fungus, however,



however, still projected, and did not heal; it was therefore dressed with a weak solution of kali arsenicatum. This remedy seemed to subvert the diseased actions, which had produced the fungus; so that, in less than two months, the patient was discharged from the hospital perfectly well.

I have seen similar herpetic diseases, of much less extent, succeed to the absorption of matter from sores upon the genitals. These have got well when the patient has gone into the country, and appeared again when he has returned to town. They have healed under a course of mercury, and broken out again when it was discontinued.

In this review of disorders, occurring in parts having a continuity of surface with the digestive organs, I have traced them from the stomach. Another set of diseases may originate from the same source. The large intestines suffer more in advanced stages of these disorders than the smaller ones; hence disorders of the rectum, and particularly many  
irritable

irritable diseases about the orifice of that bowel, are deducible from this cause. I shall not, however, prolong the account by the relation of cases; but content myself with assuring the reader, that the opinion has been derived from facts, and not from preconceived notions of the operation of such disorders.

## S E C T I O N VI.

IN this Section I shall mention what information I have obtained by dissection, relative to the causation of other diseases by those of the digestive organs. The reciprocal sympathy, which exists between the brain and the digestive organs, is generally admitted; but the kind and the degree of the effects arising from this sympathy, is not, perhaps, in general, sufficiently understood. These organs mutually increase each other's disorder; till the affection of the sensorium leads to the greatest disturbance of the nervous functions, and even of those of the mind.

All this may happen without any visible disease of the brain. Dr. Kirkland particularly directed the attention of medical men to nervous apoplexy; and the observations, which have been made since that time, have proved, that not only a general derangement of the functions



functions of the nervous system producing apoplexy, but also partial effects of a similar nature causing hemiplegia and paralysis, may take place, without any visible change of structure in the brain. I have met with numerous instances of this kind; but could not determine whether the affections were merely nervous, or whether they were produced, or aggravated by disorder of the digestive organs. I only know, that the patients died affected by apoplexy, hemiplegia, or more local paralysis, without any derangement in the evident structure of the brain. I may also mention, that I formerly examined the brains of three persons who died in a comatose state, in consequence of the <sup>x</sup>metastasis of rheumatism. In these cases no morbid appearance was observed in the brain, except some slight marks of inflammation of the pia mater. It therefore appears clearly to me, that disorder and abolition of the nervous functions may take place, without any organic affection of the brain. The perfect recovery of patients, which sometimes happens, after such disorders, may also be considered as additional evidence.

*recalled from a case, where the patient died in a comatose state, the same kind of metastasis of rheumatism - the brain was examined - and no morbid appearance of inflammation of the pia mater was observed.*

evidence of there having been, in such instances, no organic disease of the brain.

There can be no doubt but that epilepsy may, in like manner, take place without any morbid alteration of the structure of the brain, or its membranes. Some of the persons whose heads were examined, without the discovery of any disease of those parts, had been subject to attacks like those of epilepsy. Dr. Henry Frazer has, of late, published a decisive instance in proof of this fact. A patient died of epilepsy, and his brain was examined with particular attention, by Mr. Cooper, without any morbid alteration of structure being discovered\*. In general, however, morbid appearances are evident in the brains of those persons who die of epilepsy. Tubercles are most frequently met with. There is, however, a disorder of structure which I wish briefly to mention, as I do not find that it has been noticed. In two persons, who died of epilepsy, I found the medullary substance of each hemisphere altered from its natural

\* See Frazer on Epilepsy, page 39.

structure;

structure; it had lost its natural firmness, and smoothness of surface, and appeared like thick curdled cream.

Now, if disorder of the digestive organs is capable of causing or aggravating nervous disorder, even to the production of those effects which have been mentioned, when there is no alteration of structure; it must be granted that such a state of irritation of the sensorium may lay the foundation of an excitement of the vascular structure of the brain, and thus very frequently produce organic disease. When this has occurred, it will aggravate and establish the nervous affection, and thus perhaps render it insusceptible of cure.

Such are the general observations which I have made, by means of anatomical enquiry, relative to these subjects. With respect more especially to the investigation of my present object, I have examined the bodies of six patients, in whom disease most certainly began in the abdominal viscera, and was con-  
tinued



tinued in them to the conclusion of their lives. Nevertheless the patients seemed to die rather of nervous disorder, than of disease of the parts first affected. One of the patients died affected with apoplectic symptoms, and five with hemiplegia.

In all these cases the liver was greatly diseased, and the bowels also exhibited diseased appearances. In three of the cases there was considerable inflammation of the membranes of the brain; and a good deal of water in the ventricles. In two of them no morbid appearance of the brain was discovered. I have also examined a child, who was supposed to have died of the hydrocephalus, accompanied by great disorder of the stomach and bowels. In this case the bowels were inflamed, the liver sound, and the brain perfectly healthy in appearance; yet there had been so great a diminution of sensation and motion, as to leave no doubt of the existence of hydrocephalus. I am aware, that great opportunities of observation, accurate attention to the history of diseases, and anatomical examination

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nation of fatal cases, are requisite to enable us to form just notions relative to the present subject. I thought, however, that it might not be improper to state what had been the result of my own enquiries by dissection, in order to promote a more general attention to the subject.

When my attention was first directed to the subject of the sympathetic affections of other organs, which were caused by the disorders of those concerned in digestion, my primary object was to endeavour to ascertain, by dissection, how far pulmonary diseases originated from such a source. I have, in the course of my enquiries, had several opportunities of examining the bodies of patients who apparently died of phthisis, combined with diseases of the digestive organs. In these cases both the history and dissection tended to prove, that the chylopoietic viscera were the seat of the greatest and most established disease, and that the pulmonary affection was a secondary disorder. The liver was greatly diseased, and the lungs were also beset with tubercles; yet a considerable

considerable portion of those organs was found. But dissections can never conclusively ascertain the truth of the opinions which I have stated; for the same disposition to disease existing in the constitution may equally affect both the pulmonary and digestive organs. Nay, observations made in dissection in general, would tend to disprove the opinions alluded to; for diseases of the lungs are very commonly met with in dead bodies, while those of the liver and bowels are much less frequent. Yet considerable disorder of the digestive organs does exist, and may continue for many years, without any organic disease being apparent: it is possible, therefore, that such disorder may excite disease of the lungs, and thus produce a worse disease in the latter organs, than what existed in the former. In short, the opinions which I have mentioned, cannot be either ascertained or refuted by anatomical researches alone,

Accurate attention to the state of the digestive organs may determine this important subject, and lead to the prevention and cure of

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the sympathetic diseases which I have mentioned. The attention alluded to, is not of that general kind which adverts only to the quantity of the ingesta, and the periodical expulsion of the egesta, but one that more strictly observes whether the viscera are free from irritation, and whether their secretions are healthy or otherwise. My opportunities of acquiring practical information on this subject must necessarily have been very limited; yet I have seen many cases which, to me, appeared to prove, that pulmonary irritation sometimes proceeds from disorder of the digestive organs. In such cases of surgical diseases, accompanied by disorder of the digestive organs, as have been related, I have occasionally observed a cough attended with expectoration to cease, upon the correction of the disorder of the digestive organs.

A case, which happened about five years ago, strongly impressed these opinions on my mind. A servant of mine told me, that his wife was dying of a consumption, which had been rapidly increasing for six months, and had

had baffled all attempts to relieve it. Thinking that I could procure her some medical assistance from the hospital, I went to see her. The case, however, seemed past hope. She was extremely emaciated; her pulse beat 140 in a minute; her face was flushed; she had a most distressing cough; and spit up more than a pint of mucus, mixed with pus and streaked with blood, in twenty-four hours. The circumstance, however, which most disturbed her was a continual purging of black and offensive matter. She told me that the disorder of the bowels was the first disorder; that it had preceded the pulmonary affection, and, indeed, that it was an habitual complaint. I thought it unnecessary to trouble my medical friends in so hopeless a case; and ordered some pills, containing one grain of opium, to be taken in such quantity as was necessary to stop the purging. As she informed me that the disorder began in the bowels, I added to each pill half a grain of calomel. By these means the purging was so much checked, that she did not find it necessary to take more than two pills in twenty-four hours; and when she

had

had taken twelve, the mercury, very unexpectedly, affected the mouth. From that period, the stools became of a natural colour and consistence; the cough and expectoration ceased; and she was soon sufficiently recovered to go into the country; from whence she returned apparently in good health.

Now if it were to be ascertained, that pulmonary irritation, which might of course produce pulmonary disease, sometimes arises from disorder of the digestive organs; it would be right to enquire farther, whether it produces such effects, by the nervous disorder it occasions, and by its operation on the health in general; or by means of a more immediate sympathy existing between the pulmonary and digestive organs. I do not mean to insinuate, by what has been said, that pulmonary diseases do not arise originally and idiosyncratically; but only to suggest that they may arise sympathetically, or in consequence of disorder of the digestive organs. The proportionate number of cases, in which they originate in this manner, can only be determined  
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by very extensive experience. That the stomach and bowels are disordered, during the progress of phthisis, will, I conclude, be readily admitted; and that an attention to correct such disorder is requisite, must be acknowledged, from what has been said relative to the influence of such treatment upon various local diseases.

The actions of the heart seem to me also to become disordered from sympathy with the stomach. That palpitations, and feeble or intermitting actions of that organ arise from this cause, is proved by their ceasing, when the state of the stomach becomes changed. The palpitations which take place after eating, in cases where the heart is irritable, farther evince the sympathy which exists between these organs. Surgeons are occasionally consulted on palpitations of the heart, which the patients mistake for aneurisms: I have seen many instances, where the great degree of palpitatio<sup>n</sup> led to a belief, that some organic affection existed. This has ceased on an amendment of the general health, apparently arising from

from an amelioration of the state of the digestive organs, and the patients have continued in perfect health. I have not collected any accurate narratives of the cases that I have seen: none at least which I could properly present to the public as a proof of the fact. There is nothing, however, of which I am more perfectly convinced; for I have felt it to be true in my own person. After considerable and unusual fatigue, I was seized with pain, and a sensation of coldness in the region of the stomach. I had no appetite, and the biliary secretion was suppressed. Whilst this disorder continued, which was for many weeks, my pulse intermitted very frequently, and I was distressed with hypochondriacal sensations. Upon an alteration in the state of the digestive organs, and a renewal of the biliary secretions, which happened very suddenly after taking five grains of the pil. hydrarg. my pulse became perfectly regular, and my mind tranquil.

The observations, which I have made in surgical cases, lead me also to attribute many hæmor-

rhages, and particularly those from the nose, to a sympathetic affection of the heart and arteries, excited by disorder of the digestive organs.

If such a state of the system in general, as I have described, and which is manifested by circumstances denoting the digestive organs to be in an unhealthy state, and the nervous system to be likewise disordered, may, in some instances, cause various local diseases of parts not essential to life, the care of which, custom has consigned to the surgeon; and may, in other instances, produce disorders of organs essential to our existence, the care of which is allotted to the physician; the subject must be allowed to be of the highest importance. Of late, indeed, I have been inclined to consider these circumstances as the cause of the complicated diseases which are met with in man, so much more frequently than in animals. In man the brain is more sensitive, and liable to be disordered by mental affections. In man the digestive organs are liable to be disordered by stimulating and unnatural diet.

Sedentary



Sedentary habits and impure air co-operate to aggravate these disorders. The disorders of the brain and digestive organs mutually increase each other; and thus a state of constitution arises, which is productive of the most general and complex diseases. But even these do not seem to me to be the most calamitous terminations of such causes. The disorder of the sensorium, excited and aggravated by the means which have been described, frequently affects the mind. The operations of the intellect become enfeebled, perplexed, and perverted; the temper and disposition irritable, unbenevolent, and desponding; the moral character and conduct appears even liable to be affected by these circumstances. The individual in this case is not the only sufferer, but the evil extends to his connections and to society. The subject, therefore, appears to me of such importance, that no apology need be offered for this imperfect attempt to place it under general contemplation\*.

\* The ancients, who formed their judgment of the nature of disorders by observing the excretions, denominated an irritable

I feel myself under great obligations to Mr. Boodle, from whom, as I have mentioned in the preface, I first derived those opinions which are recorded in the foregoing pages. By this view of the subject, which he first instructed me to take, I think I can perceive many circumstances relating to the causes and effects of diseases, which before would either have been very obscure, or not all distinguishable. Mr. Boodle first instructed me how to detect disorders of the digestive organs, when their local symptoms were so trivial as to be unnoticed even by the patient; and pointed out to me what were the curative indications in these disorders. Many of the cases, which I have related, shew how much faulty actions of the liver contribute to cause or aggravate the general disorder. The relief, which frequently arises from the renewal or correc-

and desponding state of mind, Hypochondriasis; and when a more fixed and irrational dejection took place, they deemed it an atrabiliary disorder, and called it Melancholia. There can be no doubt of the correctness of their observations; for if the disorder began in the nervous system, it would generally produce and become aggravated by that disorder of the digestive organs, from which they denominated it.

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tion of the biliary secretion, in these cases, was the circumstance which at first made the greatest impression on his mind. I believe, however, that his opinions of the nature of the disorder of the digestive organs, and its operation in the production of other diseases, have been, and are, very similar to those which I have delivered. Indeed, as we have lived in the most unreserved communication of our sentiments, it is not probable, that our opinions are materially different. I have been very solicitous that Mr. Boodle should publish his own account of this subject, and the facts which he has collected: but as his time is fully occupied in the practice of his profession, it is probable, that many years might elapse before he could do so, in a manner satisfactory to himself. I hope and expect, however, that he will undertake this task. The medical treatment of diseases, is the most important part of our knowledge relating to them. The plan, which I have suggested, may be applicable to such disorders of the digestive organs as require the attention of a surgeon, whose chief object is the cure of local disease; but it appears



appears to me very inadequate to the cure of those more complicated forms of disease, which come under the care of the physician. To this subject Mr. Boodle has, I know, paid great attention; and a narrative of cases must be valuable, when given by a person who remarks the progress of disease, and the effects of medicine, with sagacity and accuracy.

*On Diseases of the Urethra; particularly of that part, which is surrounded by the prostate Gland.*

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EVERY surgeon will, I believe, acknowledge that an obscurity hangs over the subject of strictures of the urethra, which prevents us from perceiving the cause of many circumstances, which occur in daily practice. Contractions of this canal are sometimes readily enlarged to their natural diameter by the introduction of common bougies, and the cure thus effected is permanent. In other cases it is difficult to procure even a temporary enlargement of the contracted part; and the stricture returns, when the means by which it was relieved are discontinued. This variety in the event of different cases may, in some instances, depend on the kind and duration of the

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the disease in the strictures themselves; yet, in many others, I am convinced that it is owing to other circumstances, which it is my design to consider in the present paper. Before my observation had been directed to these circumstances, I was much puzzled to account for the discordance in the result of cases apparently similar. I was equally unable to understand some occurrences, like those which are represented in the following case.

### C A S E.

A gentleman, whose life was made uncomfortable by a very frequent and very urgent propensity to void his urine, applied to me for advice. Two strictures were discovered in the further part of the urethra, which did not oppose the passage of a bougie as large as a goosequill. Some difficulty was experienced when the bougie entered that part of the urethra, which passes through the prostate gland; and the patient complained of pain, which was considerably increased at the  
 orifice



orifice of the bladder. The instrument, however, entered the bladder, though with difficulty; and it seemed to be grasped by the sphincter. The prostate was enlarged to twice its natural size; which circumstance seemed to me to explain the cause of the slight impediment, which occurred to the passage of the instrument through it. The urethra was unusually long in this patient; and though bougies had been frequently introduced, I suspect that they had never been passed into the bladder. The patient was of this opinion, from the peculiar sensations which he experienced, and which he had never felt before. He called upon me four days afterwards, said that he was much relieved, and requested to have the operation repeated. The same bougie which had been used before now passed with much greater facility. The patient still felt peculiar sensations, though much diminished in degree, as the instrument went through the prostate. It entered the bladder without difficulty, and without appearing to be grasped. I now introduced a larger bougie, which went through the strictures with less difficulty than the  
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the smaller one had done on its first introduction. This produced the same uneasy sensation on entering the prostate; it was retarded for a moment at the orifice of the bladder, and was slightly grasped at its entrance. All the symptoms were still more relieved by this second introduction. The same operation was repeated a few times; at first every fourth day, and afterwards once a week, till a bougie of the largest size could be passed without occasioning any uneasiness. The patient, during the latter part of the time, did not require to void his urine more frequently than is common. He was relieved from a great trouble; and, though many years have elapsed, he has not experienced similar inconvenience.

Such cases as the preceding induced me to suspect that a stricture might exist in the orifice of the bladder. The following case gave me new and, as I think, just ideas relative to this subject. Whether the opinions be correct or not, the cases, it must be admitted, deserve attention.

## C A S E.

A gentleman, more than seventy years of age, had experienced for about six years a difficulty in voiding his urine, which gradually increased, till the stream became very small. This was attended with a frequent propensity to discharge the urine, which disturbed him every second or third hour during the night. At last a complete retention took place when he was in the country; and a surgeon attempted to introduce a small catheter, which however was prevented, by a stricture, from passing farther than six inches. The patient immediately came to London, when I directed him to take some castor oil, and to bathe the perinæum and adjacent parts frequently with warm water. After some time the urine flowed again, and he was relieved from the present urgent symptoms. In two days I examined the urethra, and found a stricture at six inches, through which I could not pass even a very small bougie. I touched this with the *argentum nitratum*; but the application



cation did not produce any alteration in the circumstances of the disease. On the third day the bougie passed on to a stricture at seven inches, which was also touched with caustic; and the same treatment was repeated with another stricture, at the distance of half an inch from this. The bougie now passed through all the strictures, and entered the prostate, when I was obliged to withdraw it immediately, from a sudden attack of pain and faintness. No enlargement of the prostate was discovered by an examination per anum; nor was it tender when compressed. I told the patient that I considered it very desirable to introduce a tubular instrument into the bladder, but that the minuteness of the stream of urine rendered it doubtful whether this could be accomplished. I requested him to call in another surgeon, that the attempt might be made by us conjointly. A flexible varnished catheter, containing a strong wire, was readily passed into the prostate, but could not be made to enter the bladder. The attempt was not long persevered in, from an apprehension of doing injury, if the instrument

were not guided in the right track. No blood flowed upon withdrawing the catheter. A slight retention of urine followed this attempt; but, after a few days, the patient was in the same state as before. On examining the urethra four days afterwards, I found that the smallest bougie would not pass farther than six inches; so that the contraction of the first stricture had been re-excited by the irritation occasioned by our late attempt. As the application of the *argentum nitratum* had so suddenly and completely relieved this stricture in the first instance, I now repeated this application, although I knew that the stricture was merely spasmodic. In the course of a few days a small bougie was introduced into the prostate, and afterwards a larger one. I now wished to ascertain whether I could pass the bougie into the bladder, or learn, by means of that instrument, the cause of the obstruction. As the patient found that he could void his urine most easily when lying on the left side, it seemed probable that the orifice of the urethra might be found in that direction. I therefore depressed the point of the instrument,

and

and carried the other extremity towards the right groin, when most unexpectedly it went forwards into the bladder. When the bougie was withdrawn, a considerable quantity of clotted blood and mucus, with some matter, oozed out of the urethra; and the patient afterwards voided in a large stream about eight ounces of turbid and foetid urine mixed with mucus; after which he felt as if his bladder were completely emptied. From this time he had no occasion to void his urine more frequently than is natural, and he expelled it in as large a stream, and with as much facility, as he had ever done at any period of his life. The bougie was for some time introduced every third day, and afterwards once a week. It passed easily not only through the urethra, but into the bladder, when guided in the direction which has been mentioned. At first the point was soiled with blood and matter, but afterwards these appearances were no longer observable, which led me to conclude that the circumference of the ulcerated orifice of the bladder had completely healed. Two years afterwards this gentleman



gentleman experienced a recurrence of his former complaints; a small bougie only could now be introduced into the bladder. A larger bougie was passed through the urethra on the next attempt; but it was not carried forwards into the bladder, from an apprehension of irritating the prostate. After a few days the larger bougie was introduced into the bladder, and met with a little resistance at its orifice. From this time it passed with the same facility as when I discontinued my former attendance, and the patient found himself equally well. Two years have now elapsed without any necessity for repeating these operations.

In this case a disease took place in the prostate gland, without producing any evident enlargement or tenderness of its substance, though it proceeded to a state of ulceration. The disease seems to have operated on the continuous parts in two directions; backwards upon the bladder, rendering that organ irritable; and forwards upon the urethra, causing strictures, which were  
in

in some degree organic, but chiefly of a spasmodic nature. It must be allowed, however, that the obstruction of the aperture into the bladder by the discharges from the ulcerated surface contributed in a great degree to maintain the irritability of the organ, by impeding the discharge of the urine. This disease was also of a nature that admitted of relief, and the passage of a bougie seemed to effect its cure. It had, however, a tendency to recur, and the use of the bougie lessened the irritability of the part, and arrested the progress of the disease.

The circumstances of this case do not indeed unfold the cause and precise nature of the disorder, which, however, will in my opinion be elucidated by those which follow. They induced me to suppose that those instances, which I had formerly met with, and which appeared so unintelligible, were of a similar nature; and they made me particularly attentive to the state of the urethra, where it passes through the prostate gland, as I saw the possibility of this canal being diseased.

diseased, without the prostate being materially implicated in the disorder. The following case occurred soon afterwards.

### C A S E,

A gentleman, between fifty and sixty years of age, had for twenty years been subject to occasional fits of dysuria. I was desired to see him in one of these, which had been very severe and long continued. He was obliged to void the urine at least every hour. The calls were sudden and urgent, and the pain continued for a considerable time after the urine had been discharged. He had some fever, which such irritation would naturally produce. A moderate-sized bougie stopped at two strictures, but passed through them without much difficulty: when it entered the prostate, the patient complained of burning pain; of a strong irritation to make water; and grew so faint that I had merely time, by a gentle pressure, to ascertain that the bougie would pass into the bladder: when  
I with-



I withdrew it, the point was covered with blood. The patient was directed to bathe the perinæum with warm water frequently, if the dysury was urgent. He was much relieved by the introduction of the bougie, and did not want afterwards to void his urine oftener than every second or third hour. The calls were less urgent, and the subsequent uneasiness less in severity and duration. After two days, a bougie of the same size was introduced to the extent of eight inches, and withdrawn; no blood adhered to its surface. A smaller bougie, much curved, was now passed into the bladder; the patient complained of the same uneasy sensation as before, when it entered the prostate; but he did not grow faint. The point was bloody for three quarters of an inch, but less so than on its first introduction. More relief was experienced this time. The urine was now voided only every fourth hour. Two days afterwards the bougie was again introduced into the bladder, considerably curved, and with the point carried along the upper surface of the urethra, where it passes through the prostate gland.

gland. The point was soiled with a yellowish fluid, slightly tinted with blood. As the patient was getting much better, the operation was not repeated till after four days, and then at the end of a week; at which time the blood and the yellow fluid had entirely disappeared. The urine was not voided more frequently than natural, nor was its expulsion attended or succeeded by any painful sensation. The strictures in this case felt firm, and not easily dilatable; I thought it necessary to relieve them, lest they should contribute to re-induce the irritation in the prostate; but the patient felt himself so well, that he was averse to any thing which might renew his former sufferings, and he has had no symptoms of dysury since that period. The prostate in this patient was not enlarged nor tender. Conclusions similar to those, which were deduced from the former case, may be more fairly drawn from this; viz. that a disease may occur in the membrane of the urethra where it passes through the prostate, and that it may render the bladder irritable, and produce strictures in the urethra; for in this case there  
was

was no mechanical obstruction to the expulsion of the urine to produce irritation in the bladder. It also appears, that the disease admitted of relief by the introduction of a bougie.

I have lately met with another case in a younger man, who is between twenty and thirty years of age, and who was afflicted with similar fits of dysury, the cause of which could not be ascertained. I passed a bougie for him a few times, but found no stricture in the urethra. The same painful sensations were produced in the prostate, as in the preceding cases. The bougie did not appear at the time to relieve the dysury; but the complaint gradually ceased, and the patient left town. He has been much better since this time, and attributes his relief to the passage of the bougie.

### C A S E.

A gentleman, about sixty years of age, was affected with dysury, which increased in violence, though various means were employed during



during two years for his relief. He voided his urine every second hour, or oftener, with great pain and severe irritation; which continued for some time after its expulsion. He had such a sensation of heat and uneasiness in the perinæum, that he could not bear to bring his thighs together; and he was obliged to use a cushion, with a vacancy in the middle, when he sat down. He could not ride in a carriage, or even walk out, although his general health was good. A moderate-sized bougie halted a little at two strictures, and when it arrived at the prostate produced a violent burning sensation, a vehement propensity to void the urine, and extreme pain at about two inches from the orifice of the urethra; which part was always particularly painful during the time of voiding the urine, and after its expulsion. On withdrawing the bougie, which had entered the bladder, its point was found to be covered with blood. The prostate being examined, felt rather broader than usual, but was not tender. The patient was relieved by the introduction of the bougie, which was repeated on the third day; it

it went more freely through the strictures, and the sensations, caused by its passage through the prostate, were diminished. The point of the bougie was bloody. I ascertained that the blood came from that part of the urethra which is situated in the prostate, by introducing a large bougie to the distance of eight inches, and then withdrawing it: the point was not in the least soiled with blood. The second introduction of the bougie produced considerable relief. The urine was retained longer, the uneasy sensation in the perinæum was diminished; and the patient could walk or sit down more comfortably. The bougie was used every third or fourth day for three weeks; and then once a week for a month longer, its size being gradually increased. The appearance of blood on the point gradually ceased: it was afterwards soiled with a purulent and then with a mucous fluid, which appearances also gradually ceased. The water was now voided only at intervals of four hours, the subsequent pain being either trivial or entirely absent; the uneasiness in the perinæum was

so inconsiderable, that the patient could walk for several hours, and sit down without pain. The feminal discharges had been attended with extreme pain, so great as almost to produce fainting, before the state of the prostate had been relieved: they afterwards took place without any unusual sensation.

These cases shew that the urethra may become irritable and diseased, where it passes through the prostate gland, without any material disorder of the contiguous parts. They induced me to pay particular attention to the state of that part of the urethra; which attention will, in my opinion, be found of great consequence in directing our treatment of these disorders. As it would render this paper extremely voluminous to detail the particular cases which I have met with, I shall merely relate the observations which I have made, and the inferences which I have drawn from them; that the profession in general may investigate the subject, and determine how far these observations and opinions are correct.

First,



First, then, it has appeared to me that a state of inflammation and irritation may take place in the remote part of the urethra to a greater or less extent. It may produce in the prostate that peculiar sensibility of the part which I have described; and in the perinæum it may cause contractions of different parts of the canal. Either of these affections may be more permanent than the other, even where each part has been equally affected in the beginning. This state of inflammation and irritation is frequently produced by gonorrhœa, though it may occur from other causes. If, injudiciously, a bougie be introduced when this disorder first occurs in a gonorrhœa, numerous spasmodic strictures\* are met with; the patient becomes alarmed by the difficulty of passing the instrument, and by the name of strictures, and consults a more experienced surgeon, who directs local warm bathing, and

\* I have used the term spasmodic strictures in the indiscriminate manner in which it is generally employed, though I am aware that it is objectionable: a stricture from spasm is not a stricture; and a stricture may be irritable or spasmodical, or otherwise.

the application of leeches to the perinæum. The disorder is cured; the patient expects that strictures remain; a full-sized bougie is introduced to satisfy him, which passes without the least difficulty. I am unable to determine whether in such cases the urethra is affected in the first instance in that part which passes through the prostate, as I never made any examination under these circumstances, though I think it very probable that it is so. When a gleet becomes unusually protracted, it is frequently owing to the effects of this disorder in the remote part of the urethra, maintaining a degree of irritation in the front. Under these circumstances, it is allowable to introduce a bougie, when strictures will frequently be found in the perinæum; and in many cases, the patients whom I have attended have experienced those sensations, which are characteristic of tenderness in the membrane of the urethra, where it passes through the prostate. If, therefore, we look to the origin of those cases, which we are called upon to attend in their advanced stages, we might expect to find the disorder of the urethra various  
with

with respect to the kind and extent of the disease. That it will be found so in practice I do not hesitate to affirm, from the observations which I have already made relative to this subject. In some cases, strictures in that part of the canal, which is subject to such contractions, will be the sole disease. In others, an uneasiness, and such sensations as I have described, will be complained of as the bougie passes through the last inch of the urethra, which is contained in the prostate gland. In some cases also, the strictures will be the less degree of the disease, and the irritation in the prostate the greater; and in some cases it will be found that nothing is discoverable which can fairly be denominated a stricture, and yet the tenderness which I have described exists in a most painful degree. In deducing these diseases from the inflammation which gonorrhœa excites, I mean only to trace them from a very common origin. The same disorders frequently take place without having been preceded by that complaint. An attention to the circumstances, which have been mentioned, seems to me to explain the contradictory

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dictory events which happen, when a similar plan of treatment is pursued for the cure of diseases of the urethra. When strictures are the sole disease, they are often readily, and generally permanently, cured. When an irritation, such as I have described, exists in the prostate, it is difficult to enlarge the contracted portions of the canal; and, when that is accomplished, the strictures recur, as a cause of irritation to the urethra still continues. In some cases, the enlargement of the strictures fails to mitigate the dysury, and in others it is augmented by the measures, which have been employed to cure the strictures, when the state of irritation at the neck of the bladder has been unadverted to. Many patients have applied to me under these circumstances, after having been under the care of other surgeons. They have stated, that small bougies only could be passed in the first instance, and that though the largest could now be introduced, the complaint was no better; nay, some have thought themselves materially worse. A bougie has passed in these cases eight inches, without meeting any considerable obstruction,  
or

or exciting much sensation; but, after this point, it caused a most acute and burning pain, with vehement desire to make water. Some have enquired if I was withdrawing the bougie, whilst it was slowly proceeding, and some have complained of great pain in the front of the urethra. Similar cases have occurred in my own practice. I have relieved strictures, without materially benefiting my patients; of late years, I may venture to say, without making them worse; because I have been cautious not to hurt the canal, where it passes through the prostate.

Some cases of disorders of the urinary organs are made worse in the attempt to cure strictures: and I think I deliver an important admonition, to the younger part of the profession, when I caution them to beware, in their attempts to cure strictures, that they do not irritate or injure the last inch of that canal, where there are no strictures, but in which considerable disorder may nevertheless exist.

In some cases of diseased urethra, which I have not unfrequently met with, strictures are found, through which a small bougie passes with difficulty ; and it produces those sensations, in passing through the prostate, which I have described, as peculiar to that part of the canal when in a diseased state. The patient, however, experiences relief from the introduction of the bougie ; and if it be passed again on the third day, it will meet with no obstruction from the strictures, and cause less uneasiness in passing through the prostate. I have then taken a bougie of a larger size, such as it would have been impossible to introduce in the first instance, and this has passed through the strictures to the distance of eight inches ; but I have forborne to carry it any farther, lest I should irritate the urethra near the neck of the bladder. It appears therefore to me, that you may relieve or aggravate strictures in such cases in proportion as you diminish or augment the morbid sensibility of the remote part of the urethra ; and an attention to the state of this part is on this account of the greatest importance.

Having



Having thus adverted to the probable origin of the disease, which I am endeavouring to describe, and its connection with strictures, I proceed to observe, that such a state of morbid sensibility in that portion of the urethra, which passes through the prostate, may perhaps exist as a symptom of an irritable bladder. If the lining of the bladder were inflamed and irritable, it is probable that the disorder would extend into the urethra for some small distance. In the fourth case, I believe that the disease in question was complicated with an irritable state of the bladder; but whether it was to be considered as an adjunct circumstance, or in the relation of cause or effect, cannot be determined. The irritability of the bladder was diminished, but not cured, by the treatment which lessened this disease. In one gentleman, who apparently died of an irritable bladder, and who complained of the sensations, which I have described, in an acute degree, on the bougie passing through the prostate, the diseased parts were examined, but very trivial morbid appearances were observed. The lining of  
the

the bladder was not perfectly natural, and was inflamed; yet the diseased appearances were not striking; and in the urethra the deviation from the healthy structure was still less so.

It is not improbable, however, that such a morbid sensibility of the prostatic urethra may arise from an irritable bladder. Perhaps, also, it may occasionally arise from the irritation of the last stricture. Many patients with strictures, who complained much of the sensations at the neck of the bladder, at the commencement of the treatment of their complaint, have asserted, that they felt no unusual sensations when the bougie passed through the prostate, after the strictures had been cured. Yet, though I would admit that a tenderness of the canal of the urethra in the prostate may sometimes arise from its proximity and continuity with the lining of the bladder, or with the last stricture, I think it more frequently exists as an original and independent disease. It has been shewn, that it may render the bladder irritable, and excite con-

tractions

tractions in the urethra. Some cases have been adduced, which shew that this state may exist, and yet the bladder may not be constantly irritable, but that it may be affected by fits. I have also met with a case where this sensibility existed in an extreme degree, and yet it seemed to have very little influence on the bladder. I have likewise known this irritable state of the urethra complicated with the common enlargement of the prostate.

I proceed, in the next place, to relate what I have observed respecting the treatment of the disease, which I have been describing. The three first cases shew, in a striking manner, the advantage derived from the introduction of bougies; and I have seen many similar ones, though I scarcely think so demonstrative of the utility of this mode of treatment. I know some patients with occasional attacks of dysury, and who have this tenderneſs of the remote part of the urethra, in whom the passage of a bougie, together with warm bathing of the perinæum and adjacent parts, very speedily relieves a disease,  
which



which had proved very tedious and distressing, before these measures were adopted. If a bougie be introduced, for the first time, in a case of this description, severe pain is felt, and faintness is occasioned: if this operation be repeated three days afterwards, the pain perhaps is much less severe, and it may diminish at each succeeding introduction of the instrument. Should this be found to be the case, surely nothing need be farther said in commendation of this mode of treatment. The morbid sensibility of parts is diminished by it. This happened in the three first cases in a remarkable degree, and I have known it take place in many others. Nor is there any thing in this event that should excite surprise: every surgeon is familiar with the same circumstance, with relation to strictures in the urethra. The first introductions of a bougie are very painful; the subsequent ones are even disregarded. Still, however, I think it may be useful to dwell a little on this subject, and consider the probable causes of these effects, as it may tend to establish rules for our conduct in practice. It appears to me, that we diminish

diminish the morbid as well as the natural sensibility of parts by doing them a degree of violence, short of that which produces a kind of re-action in them, by which their sensibility is heightened. This is, indeed, the consideration, which guides my practice in these and in many other cases. If, even in strictures of the urethra, the sensibility of the canal becomes increased by the introduction of bougies, or, in other words, if inflammation is excited, surely it is wrong to prosecute such measures at this juncture. If the morbid sensibility be diminished, we may use more freedom in the prosecution of our measures. In passing the bougie, in the cases now under consideration, it ought at first, I think, to be so small as not at all to distend the irritable urethra. I have always curved it considerably, and kept the point in contact with the upper surface of the urethra, as it passes through the gland. I recommend warm bathing to the perinæum, with a view to obviate or diminish irritation. If I find, on the second introduction of the bougie, the sensibility of the parts diminished, it induces me afterwards to proceed

proceed more freely ; but at all times with a caution excited and regulated by the consideration which I have mentioned. Now, though such conduct has been successful in many instances, I am concerned to state, that it has failed in some others ; and, when I clearly ascertain that I am not likely to succeed, I cease to make farther attempts by the introduction of bougies, and pursue only general methods, such as warm bathing, bleeding by leeches, &c. When there are strictures, which it is right to enlarge, I pass the bougie through the last stricture, without carrying it on, so as to irritate the tender part of the urethra, which lies behind it. A knowledge of the nature of diseases cannot but be desirable, even though it does not enable us to cure them all. If strictures are removed, and dysury remains, I believe it is common to consider it as arising from an irritable bladder : now, though this may be a general truth, there are many exceptions. I do not find that attention is paid to that description of cases, which makes the subject of the present paper : I was unacquainted with them  
till



till I met with the cases which I first mentioned: the knowledge which I have thus obtained has enabled me to afford relief in many cases, and has prevented me from error in others.

*On the Treatment of one Species of the*  
*Nævi Materni.*

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I shall relate two cases, and say a few words on the treatment of this complaint, which is a congenital deformity, consisting in a cluster of enlarged vessels, filled, and occasionally distended by the influx of blood from numerous surrounding arteries. The deformity to which I allude is so well known, and so frequent an occurrence, as to preclude the necessity of any description. Mr. John Bell has of late proposed an ingenious theory of its formation, and has denominated it an aneurysmal enlargement of the vessels, in consequence of their anastomoses. There can be no doubt that the repletion, distention, and consequent enlargement of the dilated vessels depends

depends upon a kind of inflammatory action of the surrounding arteries; for, if that be wanting, the mark ceases to enlarge, and if present, it increases in size in proportion to the degree of inflammatory action. In many cases these marks, having increased to a certain degree, cease to enlarge; they then remain stationary, or gradually diminish, till they almost disappear. This occurrence is not so frequent as to induce surgeons to expect such an event, or to prohibit, in consequence of such expectation, their removal. For, if they continue to enlarge, the operation must be commensurate to their size. The consequences of their bursting are alarming and vexatious. It is not, however, my intention to speak of these affections in general, but only to state what, perhaps, may in some instances be done with success, when the removal of the unnatural structure cannot be accomplished. For this preternatural enlargement of vessels is not always cutaneous. I have seen it occupying the whole substance of the cheek, neither appearing beneath the skin nor the membrane of the mouth: I have

met



met with it in the orbit of the eye, and have found it covering the whole of an extremity, or nearly one half of the trunk of the body. If any means can be pursued, under such circumstances, to check the progress of the complaint, they surely deserve attention. I was lately so fortunate as to succeed in such endeavours, in cases, the relation of which is my chief object at present.

### C A S E.

A child about two months old was brought to St. Bartholomew's hospital, with this unnatural enlargement of vessels, distributed every where beneath the fore arm, from the wrist to the elbow. In a short time it had swollen to that degree, that the circumference of the affected fore arm was twice the size of the other. The vessels were large and contorted; and to give the reader an idea of their appearance, I may mention that the child's mother affirmed that they resembled the entrails of a pig, with which she had either been frightened or disgusted during her pregnancy.

The

The skin was of a dusky hue, and had not its natural smoothness of surface. The heat of this fore-arm was much greater than that of the corresponding sound one. Pressure forced the blood out of the vessels, and temporarily diminished the bulk of the limb, and made it of a paler colour. The child's mother lives at Turnham Green, where Mr. Graham, an ingenious surgeon, who was for a long time a student at St. Bartholomew's Hospital, also resides. I requested this gentleman to take charge of the case, and try the effect of the following plan of treatment, which it seemed to me right to institute. First, I was desirous of ascertaining whether a permanent and equable pressure would not prevent the distension and consequent enlargement of the turgid vessels; secondly, whether reducing the temperature of the limb would not diminish the inflammatory action, upon which their repletion seemed to depend. These two intentions admitted of being readily accomplished. A many-tailed bandage of sticking plaster seemed adequate

adequate to effect the first, and wetting the limb with water the latter. These measures were judiciously carried into effect by Mr. Graham; the pressure was first made slightly, and afterwards more forcibly, as the part seemed to bear it without inconvenience. A roller was applied over the plaster and kept wet, if the limb felt hotter than natural, so as to regulate its temperature. The success of these measures exceeded our most sanguine expectations. The size of the limb gradually diminished, and its temperature became natural. After six months, Mr. Graham removed the bandages, which it was not necessary to continue any longer. The limb was in some degree wasted, from pressure and disease, but it soon gradually re-acquired its natural size. After the bandages had been left off for a month, I saw the child. The skin was pale and had a slightly shrivelled appearance. The contorted vessels felt like solid chords interposed between it and the fascia of the forearm.

CASE.



## C A S E.

A child had this unnatural state of the vessels in the orbit of the eye. They gradually increased in magnitude, and extended themselves into the upper eye-lid, so as to keep it permanently closed. The clustered vessels also projected out of the orbit, at the upper part, and made the integuments protrude, forming a tumour as large as a walnut. Of course, the removal of this disease did not appear practicable. I was consulted on this case by Mr. Hurlock, whom I told of the success of the former experiment. Pressure to any extent was here evidently impossible; but the abstraction of heat, and consequent diminution of inflammatory action might be attempted. I recommended that folded linen, wet with rose water saturated with alum, should be bound on to the projecting part, and kept constantly damp. Under this treatment the disorder as regularly receded as it had before increased. After about three months it had gradually sunk within the orbit, and the child could

R

open

open its eye. Shortly afterwards all medical treatment was discontinued, and no appearance of this unnatural structure remains.

A third case of a very extensive mark of this description, covering the back and shoulder, got well, as I am informed, by the same treatment. I have not, however, been able to learn the particulars. It appears to me probable, from the foregoing cases, that if the preternatural distention of the vessels could be prevented, the blood might coagulate in them; and thus this unnatural contexture of vessels, being rendered impervious, might become obliterated.

The best mode of obtaining and increasing professional knowledge is, in my opinion, to pay that strict attention to cases, which enables us to note those nice shades of difference, which distinguish diseases from each other; and also to form some regular arrangement of them; so that, ultimately, we may be able to discover their natural series and order. This method I have pursued from the beginning of my professional

feſſional ſtudies. Whenever the opinions, which an attention to caſes had impreſſed on my mind, differed from thoſe which ſeemed to prevail amongſt other practitioners, I publiſhed the caſes, and the inferences which I drew from them ; becauſe I thought the caſes, at leaſt, deſerved attention, and that the juſtneſs of my opinions would either be confirmed or confuted by thoſe of the public. It is alſo of acknowledged utility to the promotion of ſcience, to excite inveſtigation, and even publicly to announce the deficiencies of our knowledge. Such were the conſiderations, which induced me to lay before the public my former and the preſent eſſays and obſervations. I am induced to mention my motives, though indeed they are ſufficiently apparent, becauſe I ſuſpect that I may, on this occaſion, be again cenſured for producing unfinished performances, and for not paying ſufficient attention to the records of ſimilar caſes, which are contained in books. The very deſign of the work includes in it, however, a degree and acknowledgment of imperfection ;  
and



and what I wish to observe on this subject will be best expressed in the words of Horace :

*“ Est quôdam prodire tenus ; si non datur ultra.”*

For my apparent inattention to reading on the subjects, which it is the intention of these essays and observations to illustrate, I have formerly assigned, what appeared to me to be an adequate apology—

“ In proportion as we advance in knowledge, we are led to remark many circumstances in the progress of a disorder, which had before passed without notice ; but which, if known and duly attended to, would clearly point out the nature of the complaint. Hence the records of former cases are of much less value ; as the symptoms, about which we are now anxious to inquire, have, in them, been entirely overlooked.” To adduce cases without opportunities of identifying them, would only lead to controversy.

Again then I publish a work, with all these imperfections, regardless too of my own reputation,

putation, whilst I am conscious of performing a duty in not secreting knowledge, or making it merely subservient to private views; but in publishing information, which could not be collected without opportunities that few possess, and which may, in various ways, contribute to promote the advancement of medical knowledge.







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OBSERVATIONS  
ON THE  
UTILITY AND ADMINISTRATION  
OF  
PURGATIVE MEDICINES  
IN  
SEVERAL DISEASES.

*BY JAMES HAMILTON, M. D.*

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, AND OF THE ROYAL  
SOCIETY OF EDINBURGH ; AND SENIOR PHYSICIAN TO THE  
ROYAL INFIRMARY OF THAT CITY.

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*SECOND EDITION, CORRECTED AND ENLARGED.*

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EDINBURGH :

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AND  
GILBERT AND HODGES, DUBLIN.

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1806.





TO JAMES RUSSELL, ESQ.

PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY  
OF EDINBURGH.

*My Dear Sir,*

*IF the following Observations had been of that importance in respect of science, as to have made a particular Dedication of them necessary, or proper ; and if I had been to select a Patron of distinguished literary endowments, and of extensive and correct professional acquirements, there is no one who would have sooner occurred to me than yourself.*

*Sentiments, however, prompting an address less formal, and therefore, I trust, to you not less agreeable, induce me, in a manner more familiar and more sincere, to acknowledge my obligations to you for many instances of your private friendship ; and to thank you for the encouragement you gave me on the present occasion, without which, I probably neither would have undertaken, nor have accomplished this little work. I am,*

*Dear Sir,*

*With much regard,*

*Your faithful and obedient Servant,*

*JAMES HAMILTON.*

EDINBURGH, }  
1st Nov. 1805.

Cocked Hat Hamilton.

## Death of Dr. James Hamilton.

This distinguished Veteran died at his house, in Edinburgh, on the 24 of Oct: 1835, in the 87<sup>th</sup> year of his age — Dr. Hamilton formed a connecting link between the last and present race of Physicians and with him, the last remains of the old school have completely disappeared away. Many, doubtless, remember him — who that has ever visited the Royal Infirmary of Edinburgh can ever forget him? Summer and winter, fair day and foul, was Dr. Hamilton to be seen stepping a long with his thin solid shoes, ornamented with large buckles, his black silk stockings, and short breeches — his formal square coat, and his redoubtable cocked hat — The whole in exquisite keeping with his upright, elastic gait, and his expression of mingled shrewdness and eccentricity. He was the beau ideal of a Physician of the last century, and with him, the



age of cocked hats, shoe-buckle  
shorts, and all, is clean gone  
by -

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He Sep 1825<sup>a 3</sup> aged 97 died  
Sir Wm A. Lister upwards of  
40 years Surgeon to the London  
Hospitals

## CORRIGENDA.

Page	7.	Line	9.	For, ideofyncracy, read, idiosyncracy.
—	89.	—	8.	For, irritation, read, imitation.
—	93.	—	4.	From bottom, for, It is now sufficient to say, read, It is now difficult to say.
—	95.	—	2.	From bottom, for, I the course, read, In the course
—	98.	—	9.	For, ceteris paribus, read, cæteris paribus.
—	105.	—		For, acrid, read, acid.
—	108.	—	8, 10.	For, which have, read, which has.
—	112.	—	16.	For, genitally stems, read, genital systems
—	114.	—	13.	After system(.)—then, The cure of &c.
—	116.	—	14.	After known(.)
—	118.	—	6.	For, impostor, read, impostor
—	120.	—	2.	From bottom, for pythogonomic, read, pathognomonic.
—	122.	—	11.	For, continual, read, continued.
—	126.	—		Dele, "The"
—	131.	—	5.	From bottom, for, patients, read, patient.
—	133.	—	2.	For, o, read, of.
—	133.	—	4.	From bottom, for, arrest, read, and arrest.
—	145.	—	8.	From bottom, for, he dread, read, the dread.
—	182.	—	8.	For, and good, read, of good.
—	189.	—	3.	For, airyness, read, airiness.
—	179.	—	6.	5th. should immediately precede, No stool.
—	234.	—	5.	From bottom, for, ex cyatho, aquæ, read, ex cyatho aquæ,
—	239.	—	2.	From bottom, for, <i>duodecim</i> , read, <i>duodecim</i> .

## P R E F A C E.

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As the doctrine which I maintain, with respect to the exhibition of purgative medicines, may have the appearance of novelty ; in order to obviate any prejudice, it is therefore incumbent on me to state the rise and progress of the opinions which I entertain upon this subject, and to produce the facts on which the practice which I recommend is founded.

With this view, I hope it will not be thought presumptuous, to give some account of the opportunities which I have enjoyed, for collecting accurate and extensive information, in the different diseases of which I treat in the following Observations.



I have occupied places of professional trust and responsibility in Edinburgh for upwards of thirty years. During the whole of this period, I have discharged the duties of Physician to the Royal Infirmary, to George Heriot's Hospital, and to the Merchants and Trades Hospitals of this city.

In the midst of the constant, and sometimes laborious occupation, in which, in consequence of being placed in these situations, I have been engaged, my attention was, many years ago, attracted to the purgative effect of medicines given in Typhus fever. The facts which then presented themselves to my notice, induced me to repeat these medicines again and again ; till, by slow advances, I at last acquired confidence in the practice. Many opportunities have since occurred to me of confirming these observations, which, in my apprehension, clearly establish the safety and utility of giving purgative medicines in the course of Typhus fever, under the limitations which I point out.

I was afterwards disposed to judge favourably of the same practice in Scarlatina ; and the utility of it in this disease has been confirmed by much experience.

Thus

Thus my views respecting the use of purgative medicines became more and more extended ; and, in process of time, I employed these, with a freedom not usual, but with manifest advantage, in several other diseases.

My own experience of the utility of this practice, is the circumstance which encourages me to pursue it with steadiness. But to inspire others with the same degree of confidence, it will be requisite to adduce the proofs which have satisfied me of its superiority to that in common use.

The number, the authenticity, and the apposite application of the cases inserted in the Appendix, will, I trust, prove sufficient to establish the soundness of the principles upon which I proceed, and to satisfy the most sceptical. Many of these cases are those of patients, who have been under my own care in the Infirmary ; and they are transcribed from the records of that institution, by the permission of the managers. To shew the consequence and authenticity of these cases, I shall mention some particulars relative to the arrangement of medical practice in the Hospital.

The University of Edinburgh had already attained a high and deserved reputation as a school of medicine, when the Royal Infirmary was opened in the year 1741. It was soon perceived, that the University and the Infirmary might be made to afford mutual and valuable aid to one another. The medical education, it was evident, would be rendered more complete, by giving the students of the University access to the Infirmary, where they might learn the practical part of their profession ; while the funds of the Hospital would be augmented by the fees which the students would pay for the liberty thus granted to them to visit the patients, and observe the practice as conducted in it.

Accordingly, arrangements respecting the detail of practice in the Hospital, suited to these views, were made ; which, while they secured to the patients benefits superior, I believe, to what are experienced in most similar institutions, at the same time afforded to the medical student opportunities of acquiring the practical knowledge of his profession, seldom to be found in other Hospitals.

By the regulations of the Managers, the Physicians of the Royal Infirmary give regular daily attendance,  
at



at a certain hour ; take the full charge of their respective patients, and interpose directly in every circumstance relative to the conduct of their cure.

The two physicians named by the managers, have an equal share of duty, and divide the patients equally between them.

A clerk is attached to each physician. He is commonly a young gentleman, who is advanced in his studies. He resides in the Hospital, and has a general superintendence of the patients, who are under the charge of the physician, with whom he is connected. Besides other duties, it is his business to prepare a written account of the symptoms of those patients, who fall under the care of the physician, whose clerk he is. He inserts this account in the journal book, and reads it to the physician at the bedside of the patient, on the following daily visit.

The physician either admits this account simply, or makes additions and alterations, as he may think proper.

Regular reports of the subsequent state of the symptoms ; of the remedies prescribed, and of the effects

effects of these, are given daily, or as often as the chronic nature of the case, may make them necessary. These reports are the result of the accounts, which the patients give of themselves, or of the accounts which are received from the nurses, or of both together; they are dictated by the physician to his clerk, who at the time, enters them into the journal book.

All these proceedings take place in public, in the presence, and in the hearing, of a number of young gentlemen, who attend the Hospital, many of whom are competent judges of what is going forward.

Thus, the physician must include, in his reports, all the circumstances, as they arise in particular cases; circumstances over which he has no controul, and which must inevitably direct his practice. Further, the physician of the Royal Infirmary, in consequence of his attendance every day, is enabled to follow out his practice, with peculiar precision and accuracy; to do which, he is also stimulated by the interest which he cannot but take in his patients, frequently friendless strangers; and, by the unavoidable publicity of his whole procedure respecting them, which places him often in delicate and trying situations.

Cases

Cases then of this description, which, in their progress, cannot be perverted to particular purposes, and which cannot afterwards be altered, by any retrospective emendation of the practitioner, possess an authenticity peculiar to themselves; and in the establishing of medical facts, may be produced as an authority, that cannot be controverted. Indeed, I esteem myself fortunate in having documents of this kind to adduce, in support of a practice, which may be thought to require all the confirmation which the most incontrovertible evidence can afford. These cases inserted in the different numbers of the Appendix, are dated from the Royal Infirmary.

Again, in further support of the exhibition of purgatives, in the diseases of which I treat, I insert in the proper numbers of the Appendix, histories of cases from my private practice;—and although these are not supported by the same public testimony, as those which are extracted from the records of the Hospital, yet I trust they will be received with all the credit due to cases, which rest upon the authority of any individual practitioner.

The favour of my friends, who have had the goodness to oblige me with communications from  
their



their private practice, likewise enables me to give farther evidence of the utility of the plan which I recommend. This is the more gratifying to me, as it thus appears, that gentlemen of high professional respectability, approve and adopt, in the instances to which their communications refer, the practice which I have endeavoured to introduce.

Before I conclude these preliminary remarks, I beg leave to observe, that I do not willingly obtrude myself on the public, in the character of an author ; but different reasons concur to overcome my backwardness to do so, and even to render a full exposition of my practice, a measure of prudence and of self-defence. A number of intelligent, well-informed young gentlemen, who attend the Hospital, have become converts to the free exhibition of purgative medicines, which they have seen me employ with so much advantage. By this means, the peculiarities of my practice here, have passed silently into the world, unexplained and unsupported by the proofs and illustrations which it was in my power to produce ; they have been partially noticed in one periodical publication ; and made the subject of hasty and mistaken criticism in another. Dreading, therefore, that under these disadvantageous circumstances, the

4

practice

practice might be prejudged, and of course, neglected, I have endeavoured to procure for it a fair and unprejudiced hearing, by placing it before the public, in my own words. To the public decision I will submit, with deference and respect; at the same time, I rely with confidence on its impartiality; and trust, that no person of character will condemn the practice, which I now recommend, till after repeated trials, agreeably to the plan, which I have myself observed.





# ADVERTISEMENT

TO THE

SECOND EDITION.

THE rapid and extensive sale of the First Edition of these observations, is, I trust, an indication of the favourable opinion which the public in general entertain of the work. I have also the satisfaction to be honoured with letters from gentlemen of the first professional eminence in the capital and in other parts of the kingdom, expressing the most unqualified approbation of the doctrines and practice which I have endeavoured to establish respecting the use and administration of Purgative Medicines.

This reception, which so far exceeds what my most sanguine expectations would have allowed me to hope for,

for, may, perhaps, be ascribed in a great measure to the indulgence which is due to every publication which professes merely to communicate the result of long and patient experience. At the same time, I must consider the respectable nature of the testimonials, and the great number of them, as affording a strong presumption in favour of the justness of the opinions which I have advanced. To myself, at least, they present a most powerful confirmation of what experience had suggested; and have encouraged me to proceed with confidence and alacrity to prepare a Second Edition, which the Booksellers informed me some time ago, was required.

I have exerted all the diligence and attention which the shortness of the time admitted of, to correct and enlarge this Edition; as I am sensible that it is in this way only, that I can acquit myself of my obligations to the public, and testify my gratitude for their candour towards me.

I have made some alterations and additions, which I will briefly notice.

I have suppressed a few observations, which, while they were of little importance, have excited a diversity

fity of opinion, which might require some discussion to support. This discussion, on subjects not necessary to my argument, must have appeared frivolous to some, and have proved tedious to all.

I have changed the arrangement of my subject ; and although the different chapters may be considered as so many distinct essays, yet they are now placed in a somewhat systematic form. In making this change, however, I have been guilty of one improper anticipation, which I did not discover in time to remedy completely. The chapter on chlorosis now precedes that on chorea, while in explaining the practice in the former, I make a reference to that in the latter. To obviate any difficulty that may arise from this transposition ; the observations on chorea may be perused previous to those on chlorosis.

The form of the typography in the appendix, will, I hope, be found to be improved. This improvement would not indeed deserve to have been noticed, were it not that the proofs of the utility of purgative medicines are chiefly deduced from the history of the cases contained in the appendix. The same cases also afford means of acquiring a perfect knowledge of



the administration of purgatives. It is therefore of importance to facilitate the perusal of narratives confessedly dry and unentertaining, and to render them more *pleasant* and *accessible*.

I have withdrawn some cases from the appendix to the former edition, and have added others; and I have occasionally inserted remarks and observations which are not to be found in the former edition; though these are not of sufficient importance to merit particular notice here.

The material additions which I have made, consist of a chapter on hysteria, and of one on tetanus, with an appendix to each, containing cases of both diseases. But as these are now before the public for the first time, it behoves me to observe a respectful silence with regard to them.

As these chapters, with their corresponding appendices, admit of being published in a detached form, I have directed them to be printed separately; they will thus make a small brochure, to be had of the publishers, for the convenience of the purchasers of the first edition, who may choose this accommodation.

# OBSERVATIONS

ON

PURGATIVE MEDICINES, &c.

---

GENERAL OBSERVATIONS ON PURGATIVE MEDICINES.

EVERY Physician, in the commencement of his professional pursuits, is necessarily guided by the opinions which he has formed in the schools; by the sentiments of the authors whom he has chiefly consulted, and by the example of those whose practice he has proposed to himself to follow. Subsequent information, however, and new discoveries, and the  
A experience

experience which he gains by personal intercourse with the sick; may dispose him, sooner or latter, to make some change in his more early opinions and practice. Hence the science of medicine has been reproached with being fluctuating and uncertain; but in my apprehension with no good reason. It would be more candid to consider it as in a state of improvement, in which it has advanced in proportion to the genius and learning which its cultivators have possessed; or according as the spirit of prevailing philosophies, always interwoven with reasoning in medicine, has been favourable to its progress or otherwise.

The change in opinion and practice, to which I allude, is always for the better, provided the practitioner possesses good sense, industry and talents for observation. It is the natural consequence of the situation in which he is placed, and neither indicates the want of steadiness on his part, nor of certainty in his profession. So that to represent the practice of medicine as variable from the change of opinion, inseparable from the progress of medical improvement, is to take an unfair and a partial view of the case. All the principal employments of life are liable to a similar objection, on the same grounds, and with equal justice.



Several circumstances indeed connected with the science of medicine, have retarded its improvement, and given a plausibility to this charge of uncertainty ; and none more than the different theories which have been advanced in explanation of the phenomena of the animal system in health and in disease.

As the frame and bent of the human mind render theory unavoidable ; and as theory in medicine will be safe and useful in proportion as it is free from error ; it is of consequence to ascertain the causes of those errors to which it is exposed.

Errors in theoretical medicine may be referred, in the first place, to the hasty conclusions which the earlier Physicians drew from the few facts which were known to them ; and to the fascinating propensity to form systems, upon data too limited in number, and often contradictory.

In the second place, physicians have been unsuccessful in the establishment of true theory, from not having had sufficiently comprehensive views of the different organs and functions of the animal body. To this circumstance is owing the rise of the humoral, the chemical, the mechanical, and of the nervous pathologies, as distinct systems. Had the dog-

A 2 matists

matists cautiously embraced the views, which each of these systems presents, and combined them, we might have enjoyed a more perfect, because a more comprehensive system of medicine.

In the third place, a strong passion for distinction and fame in the professors of medicine themselves, has counteracted the utility which might have been derived from the fortunate combination of these systems. The glory of forming a new theory, and of constituting a new æra in medicine, has seduced the leaders of each succeeding sect to an attempt of setting aside the doctrines of their predecessors, in order that their own particular system might be more firmly established, and might shine with unrivalled lustre.

In the fourth place, the dogmatists in forming their systems, have often adopted certain data, which rest only on specious reasoning, *a priori*, and are supported neither by facts nor observation. This circumstance, has as much as any other, greatly retarded the improvement of medical knowledge. It has introduced much false reasoning and obscure language into medicine ; whence, it is to be feared, and to be regretted, that erroneous, and therefore not harmless practical conclusions have been drawn.

I do

I do not officiously or willingly point out what I conceive to have been the grounds of mistake in medicine. I venerate the learning and ingenuity of our predecessors, which contributed to procure for the medical art, a name and a consequence in the estimation of mankind. If, however, they have failed in some things, we ought to take a lesson from this failure, and by shunning the specious fallacy of hasty generalization, and by having recourse to a diligent, accurate, and minute enquiry after facts, which enquiry, the state of medicine demands of us, endeavour to promote its best and truest interests.

---

I MAKE these observations as an apology, if one be necessary, for my having occasionally, in the following observations, disregarded prevalent and fashionable doctrines of the schools; and for my having departed from the usual routine of practice in respect of the administration of purgative medicines. A habit which I early acquired of attending to the

A 3

means



means of supporting, and of restoring the healthy action of the stomach and intestinal canal, has led me to consider this subject with minute attention.

The importance of the functions of the stomach and intestines is commonly known and admitted. By means of these functions our food is received, digested, assimilated, and carried under the form of a nutritious fluid into the system.

Besides, sympathy as it is called, connects the stomach and bowels with other parts of the complicated animal structure, and strengthens the influence which these organs maintain over the comfort, the health, and the life of every individual. Hence it is obvious, that disorders of the stomach and bowels must greatly affect the system at large; and that in proportion to the duration and severity of these disorders, the affection of the general habit will be more or less serious and afflicting.

There is certainly nothing new in the observation, that the constipated and loaded state of the intestinal canal, is a common cause of general bad health. But when I go the length of saying, that this state generally accompanies, and aggravates the other symptoms of fever; that it is also the immediate cause

cause of certain disorders peculiar to children and young people, I am conscious that I advance opinions in which there is considerable novelty ; but in which I trust the following sheets will satisfy the medical reader, that there is also, at least an equal degree of soundness.

I have also observed, that in mature age, and in the decline of life, symptoms, which are attributed to previous irregularities, to ideosyncrasy, to hereditary disposition, to disease, and to approaching old age, frequently arise from constipation of the bowels, or are intimately connected with it. The consideration however of these is but partly comprehended in my present undertaking.

Thus I have learned, that a knowledge how to regulate the alvine evacuation, constitutes much of the prophylactic part of medicine ; and hence how necessary it is to advise those, who either wish to preserve good health, or who are in quest of the lost treasure, to attend to this circumstance.

It may be proper, on some occasions, to propose to them to forsake the haunts and habits of fashionable life, to leave the crowded city, alluring amusements, or serious occupations, conducted in airless

or even in tainted rooms, to shun luxurious tables, indolence and late hours ; to retrace the footsteps by which they have deviated from simple nature ; and to court the country, pure air, moderate exercise and simple diet.

This advice, however, cannot be always followed, and it may not always remove costiveness and the ills which proceed from it. In this case, as well as in the costiveness which accompanies disease, the interposition of purgative medicines will be necessary.

In infancy the alvine evacuation is more abundant, more frequent, and more fluid than in after periods of life. In mature years, the belly is generally moved once in twenty-four hours. In the healthy state the feces, although soft, preserve a form too well known to require description ; they are of a yellow colour, and they give out a certain odour. But when the feces are evacuated less frequently than the age of a person requires ; when they are indurated ; when their natural colour is changed, and when they acquire peculiar fœtor, they indicate derangement of the stomach and bowels, whence the approach of disease, if disease be not already formed, may be apprehended.



I am not ignorant that costiveness, even to a considerable extent, will prevail in robust and otherwise healthy people, without immediate injury. In such instances, the circulating and absorbent systems are active and powerful; in consequence of which the fluid contents of the intestines, may be so quickly and so completely absorbed, as to leave a comparatively small mass, incapable from its bulk, of giving a stimulus sufficient to excite the propensity to evacuate the bowels; but which, by gradual and slow accumulation, acquires this bulk, and is at last voided under the appearance of an indurated stool.

This constitutional costiveness is of dangerous tendency, and however desirable it may be to rectify it, the consideration of it is not comprehended in my present plan, which embraces only a few diseases, of which, I consider costiveness to be the cause, or in which I apprehend it to be a leading or permanent symptom.

In prosecuting my subject, when I oppose the opinions of respectable authors, I trust I shall speak with the deference and respect which I feel to be due to them. And when I propose changes in practice which experience has taught me to be useful; I will  
do

do so with a confidence proportionate to that experience which has been my guide.

---

In the dawn of physic, purgative medicines were employed; but, although they have been recommended by the earliest, as well as by latter writers; and although the indications they are meant to fulfil, have been an object of attention to practitioners in all ages; yet it does not appear to me, that the extent of their utility has been always clearly perceived, or that the administration of them has been always properly directed.

Physicians, tinctured with the tenets of judicial astrology, prescribed purgatives at certain times and seasons; conceiving that they would prove more beneficial or hurtful, according to the junction or opposition of the planets, or the age of the moon. But these reveries, which impeded rational practice, have long since vanished.

Those who were partial to the doctrines of humoral

ral pathology, employed purgative medicines, with the intention of expelling peccant matter, but not before it had been separated from the mass of fluids, by an appropriate fermentation. The same pathologists taught, that different purgatives possessed distinct powers, and moved different fluids by a specific action. Hence they have talked of cholagogues, phlegmagogues, hydragogues, and of melanagogues; and have displayed much apparent sagacity, in selecting the purgative adapted to the expulsion of the fluid prevalent at the time.

This fermentation, however, and what was supposed its natural consequence, the deposition of peccant humours, have ceased to hold a place in the doctrines of physic. While the specific operation of purgatives in expelling particular fluids, is neither confirmed by subsequent experience, nor allowed to have any influence in practice.

Modern physicians have two objects in view, in the administration of purgative medicines;—the one is to empty the bowels simply; the other, to promote an increased secretion of fluids into the cavity of the intestines, or in other words, to induce purging. They have accordingly considered medicines thus employed, to be of two kinds, laxative and purgative; and



and they prescribe the one or the other of these, as the circumstances of the case may seem to require them.

This distinction is neither, perhaps, so correct nor philosophical as it might be. Purgative medicines act by their stimulating power, which will be in proportion to the quantity of the medicine that is given. Four grains of calomel, three or four of aloes, and ten or twelve drachms of rochelle salt, will generally prove purgative ;—and any of these in reduced doses, will have a laxative effect only. But as this distinction has acquired the sanction of ages, I might have passed it in silence, had it not been necessary for me to notice it ; as, from experience of their superior usefulness, I employ almost solely what are understood to be purgative medicines, in the diseases of which I am to treat, while at the same time I avoid their full effect of purging.

This consideration obviates an objection, not unfrequently made, to the employment of purgative medicines ; namely, that they reduce the strength of a patient, already too much weakened. Purging will undoubtedly debilitate the body, by causing a sudden, and a greater than usual flow of fluids, that are in general secreted slowly ; and by hurrying off  
the

the chyle, and preventing it from passing into the circulation. Purgative medicines, thus acting, are useful on some occasions ; and are advantageously employed in some diseases. But purging is not desirable in the diseases, which are the subjects of the following observations. Here, the sole intention, is to bring off the contents of the bowels, which are out of the course of the circulation ; and, in so far, are already, in a manner, extraneous to the body ; and I can hardly suppose, that debility will ensue from purgative medicines, given under this limitation.

Besides unloading the bowels, purgative medicines are said to act by emulging the excretory ducts of different secreting organs and glands, connected with the stomach and intestines.—I do not think it necessary to consider this question minutely. Without derogating from the good effects of purgatives acting in this manner, I will only observe, that for the sake of perspicuity, I refer the benefits which result from the use of purgatives to their sensible effect, rather than to one which is less obvious ; and that for the sake of precision, I speak of this effect, as removing a cause of irritation, without, however, meaning to advance or support any theory on the subject.

## CHAP. I.

OBSERVATIONS ON THE UTILITY AND ADMINISTRATION  
OF PURGATIVE MEDICINES, IN TYPHUS FEVER.

A CONSIDERABLE diversity of opinion has prevailed, respecting the cause of fever. Physicians seem now to be agreed, in referring it to a general or specific contagion ; the former giving rise to typhus, in the various forms under which it appears ; while the exanthemata, or eruptive fevers, proceed from the latter.

The manner in which contagion acts on the living body has been the subject of much discussion. But the consideration of this question is altogether foreign to my purpose. It will be sufficient for me, to note the usual symptoms of typhus.

The



The prefence of typhus is firft known, by derangement of the ftomach, which is marked by ficknefs, lofs of appetite, thirft, headach, white, or loaded tongue, and generally by coftivenefs. Thefe fymptoms are foon followed by affection of the furface, of the fanguiferous fyftem, and of different fecretions. To which, in the more advanced ftate of the fever, are fuper-added delirium, tremors, fubfultus tendinum, floccitatio, fingultus; thefe are fuppofed to denote confiderable affection of the nervous fyftem.

The fymptoms above enumerated appear in fucceffion, and generally in the order in which I have enumerated them; thofe which affect the ftomach, as they are the firft, fo they are the moft permanent throughout the fever. They accompany the others as they arife, and very poffibly influence them, in refpect of their mildnefs or feverity. They are, therefore, of great import, in the treatment of fever, and demand particular attention.

At the time when I was appointed phyfician to the Royal Infirmary, the cure of typhus fever was thought to confift chiefly, in the removal of atony, and fpafm of the veffels of the furface of the body. For this purpofe, among other remedies, weak antimonial, and naufeating medicines, were given freely. The  
ftate

state of the stomach and bowels, after the exhibition of an emetic and purgative, on the first approach of the attack, was little regarded in the after periods of the fever. An occasional stool was procured by a mild glyster ; while a purgative medicine was given with extreme caution. Apprehensions were entertained, that the operation of a purgative would rivet the spasm of the extreme vessels, and increase debility, one of the supposed direct causes of death, in fever. These apprehensions may still bias the practice of many, as they certainly did bias mine, for a long time.

A typhus fever with symptoms more than usually malignant, appeared in Edinburgh, in summer 1779. It originated in the hospital of the prisoners of war, who were confined in the Castle. Notwithstanding the employment of every precaution which prudence could suggest, the spreading of the disease was not altogether prevented. Several of the troops, then in the garrison, and some of the inhabitants of the city, were seized with the fever.

In summer 1781, a fleet of merchantmen from Jamaica, with their convoy, consisting of several ships of war, came to anchor in Leith roads. The passage had been tedious, the crews were sickly, and they

they had been for some time, on short allowance of provisions: Nevertheless, they were obliged, from the circumstances of the war, to avoid the channel, and come round by the north of Scotland.

From the beginning of July, to the ninth day of August, no less than one hundred and twenty-six men in fever, were sent ashore, from his Majesty's ship Suffolk, one of the convoy, of whom twenty-three died. And of forty men in fever, who were landed from his Majesty's ship Egmont, another of the convoy, on the tenth, eleventh, and thirteenth of July, eight died.

Such of these men, as could not be accommodated in a temporary hospital, were quartered in Leith, two, three, or four being billeted in one house; and many of the inhabitants were seized with a fever, of the same kind with that under which the sailors laboured, and it continued to prevail for many years in the town.

These circumstances, the proximity of Leith to Edinburgh, and the great and daily reciprocal intercourse which subsists between the inhabitants, will account for a typhus fever of greater than usual malignity, which appeared in Edinburgh about this



time, and which continued to prevail for some years afterwards.

Being frequently disappointed in curing this fever by the mild antimonials which were then employed, I was induced by similar views to use the *calx antimonii nitrata*; *Pharmacop. Edinburgen. editæ anno 1774*, of which I gave four or six grains for a dose, which was repeated three or four times, at an interval of two hours between each dose, unless sweating, vomiting, or purging, were previously excited.

I resorted to this practice, towards the end of the fever, and in the treatment of those patients only, of whose recovery I was exceedingly doubtful. I entertained hopes, that a favourable crisis might be procured, by the efficacy of the antimonial; and, in the mean time, I supported the strength of the patient, by the moderate use of wine.

This antimonial remedy was not ineffectual; but I remarked that it was beneficial only, when it moved the belly. The stools were black and fetid, and in general copious. On the discharge of these, the low delirium, tremors, floccitatio, and subsultus tendinum, which had prevailed, abated in some cases; the tongue, which had been dry and furred, became  
moister

moister and cleaner, and a feeble creeping pulse acquired a firmer beat.

Reflecting afterwards on these circumstances, it occurred to me, as the purgative effect appeared to have been the useful one, that any purgative medicine might be substituted, for the calx antimonii nitrata; and that by this substitution, the unnecessary debilitation of an exhausted patient, by vomiting and sweating might be avoided.

More extended experience confirmed these conjectures; and I was gradually encouraged to employ purgative medicines early, in typhus, and to repeat them in the course of the disease. And after having long and strictly directed my attention to this point of practice, I am now thoroughly persuaded, that the full and regular evacuation of the bowels, relieves the oppression of the stomach, and mitigates the other symptoms of fever.

Farther, I am disposed to refer the usefulness of purgative medicines, to their acting through the whole extent of the intestines, and to their consequent moving and conveying off feculent matter rendered offensive and irritating, by constipation, and by the changed nature of the fluids secreted into the intestinal canal; a change which appears to take place

in the febrile state. If these things be so, how inefficient must be the operation of a glyster, the stimulus of which, nearly limited to the rectum, cannot be adequate, to procure the full evacuation in question !

Accordingly, it is now some years since I have left off almost entirely, the practice of ordering emetics and glysters in fever. I trust to a purgative, to ensure a regular alvine evacuation. For this purpose, however, a daily purgative is not always required. Thus, avoiding the harassing distress, which generally accompanies the operation of an emetic given to patients in a state of fever ; as well as the trouble and fatigue, which the exhibition of glysters occasions ; I think I conduct the treatment of typhus fever, to a favourable issue, with greater certainty, and with more ease and comfort to the patient.

This practice, which I have found useful, and which respects only the state of the intestinal canal, supersedes by no means, usual attention to the various other means of cure, employed in fever. I am even ready to allow, although I exclude emetics and glysters from my general practice in typhus, that peculiar circumstances may, occasionally, make both the one and the other necessary.

I cannot,



I cannot, however, omit remarking, that for some years past, I find wine less necessary in fever, than I formerly thought it was. This may be owing to the fever which has prevailed of late, being less malignant than it was some years ago ; or to the effect of the purgative medicines which I have employed, and which may obviate symptoms of debility, as well as remove them.

If this be a just view of the case, the plain inference is, that the employment of purgative medicines, to preserve a regular state of the belly, does not increase the debilitating effects of fever. This doctrine, I know, is contrary to the opinion generally received ; but I am confident, that it is consonant to the fact.

The object to be attained, is the complete and regular evacuation of the offensive feculent matter collected in the bowels, in the course of fever. Within this limit, the practice is safe and salutary. Of this I am assured, that I have had much satisfaction in the prosecution of it ; and have not in a single instance, had occasion to regret any injury or bad consequence proceeding from it. For I am not an advocate for its being carried to the length of exciting unusual secretion into the cavity of the intestines, and

of procuring copious watery stools. Such indeed, while they are not requisite, might increase the debility so much and so justly dreaded.

In further recommendation of the practice, I observe that it is conducted with ease, and a tolerable degree of certainty. The precise effect of purgative medicines, may not, in every instance, be altogether under command ; but in general it is so, if, to a little experience, we join a previous knowledge of peculiarities in particular constitutions. At any rate, the subsequent doses of purgative medicines, and the repetition of them, will be regulated by the effect of preceding ones.

It is of importance, to consult in all respects the quiet and comfort of patients, in fever. On this account, the exhibition of purgative medicines should be so timed, that their effects may be expected during the day, when proper assistance can be best procured to the patient.

The purgative medicines which I have chiefly employed in fever, are calomel, calomel and jalap, compound powder of jalap, aloes, solutions of any mild neutral salt, infusion of senna, and sometimes the two last mentioned medicines conjoined.

In the Appendix, No. II. I have inserted several detailed cases, in illustration of the utility of purgative medicines in fever, and of the manner in which I have used them.



## CHAP. II.

OBSERVATIONS ON THE UTILITY AND ADMINISTRATION OF  
PURGATIVE MEDICINES, IN SCARLATINA.

NO DISEASE has attracted greater attention, than scarlatina. Its frequent appearance, and its fatal tendency, have claimed the exertion of practitioners, and have stimulated them to enquire into the nature of the disease, and the most successful mode of treating it.

The ancients do not seem to have had any very accurate views, with regard to scarlatina.

Various

Various authors, from an early period of the sixteenth century downwards, mention an ulcerated fore throat, accompanied with a scarlet efflorescence on the surface of the body, as frequently desolating different parts of the continent of Europe.

Sydenham describes *scarlatina*, as we often see it, to be a mild disease, requiring only common attentions, quiet, and simple diet; and more likely to be aggravated than relieved, by the “*nimiâ medici diligentia*.”

Huxham and Fothergill afterwards wrote on *scarlatina*, and the ulcerated fore throat; and since their time, many British and foreign physicians have published their sentiments, with regard to this disease; and have spoken of it under the title of *scarlatina anginosa*.

These different accounts of *scarlatina*, have given rise to much nosological discussion, respecting the identity of the disease, as described under different names. Little doubt is now entertained on the subject, so far as *scarlatina*, and *scarlatina anginosa* are concerned. It appears to be admitted, that the affection of the throat in the latter may give a variety,  
while

while the diseases are the same in their origin, course, and termination.

Greater uncertainty prevails in regard to this question, respecting the ulcerated fore throat, or cynanche maligna, the name by which it is now generally known. This very name may have contributed to confirm the opinion, that it is a *distinct disease* from scarlatina ; an opinion, which, sanctioned by authors of respectability, and by our intelligent and latest nosologist, has been, and is still prevalent.

It is altogether foreign to my purpose, to engage in this controversy ; and the more so, as I apprehend that the distinction, the subject of it, begins to lose ground, as our knowledge of the disease becomes more comprehensive and accurate. The time may not be far distant, when scarlatina will be received as the generic disease, the full history of which, will include the adventitious symptoms as they appear in scarlatina anginosa, and in cynanche maligna ; in the same manner as the history of variola comprehends the varieties of the distinct, and of the confluent small pox.

Scarlatina, as an epidemic, does not always assume precisely the same appearance. This diversity depends



pende in part, upon the varying nature and constitution of scarlatina itself, independently of all extrinsic circumstances ; in part, upon certain contingencies, which are common to all the inhabitants of a whole district of country, such as the season of the year, the temperature of the air, the kindliness or inclemency of the weather, together with other unknown qualities of the atmosphere ; and in part, upon circumstances which apply to individuals, subjected to the disease ; their general habit of body and constitution, their particular state of health, at the time of attack, and their situation, with respect to lodging, ventilation, and cleanliness.

These circumstances concur in modifying the character of the epidemic ; and while they introduce a variety in the symptoms of scarlatina, they likewise point out the necessity of making a corresponding change in the method of cure, and of accommodating our practice to the particular nature of the case.

Hence various opinions have been entertained, of the nature of scarlatina ; and, apparently, discordant methods of cure have been proposed.

Undoubtedly, varying epidemics of scarlatina have led to the practice of blood-letting, in some instances,  
and

and to the rejection of it, in others ; to the adoption of emetics and of blisters, by some practitioners, while others neglect and positively forbid them. It is owing to the same cause, that cinchona is warmly recommended and almost exclusively trusted, for the cure of scarlatina ; while on the other hand, it is reprobated, as tending to induce sloughs, and putrid ulcers in the throat, which it was expected to have obviated and removed. In like manner, purgatives have been condemned as useless, if not dangerous, in scarlatina ; and lately, the affusion of cold water over the surface, or the ablution of the skin, by means of tepid water, have been recommended and practised in scarlatina, according to circumstances, by men, whose opinions have great weight and authority.

Thus, the young and timid practitioner is distracted, and at a loss what course to pursue, that he may embrace a safe and decided line of conduct. It will be a difficult task, to dispel the clouds that overshadow medical practice in scarlatina. The only way of accomplishing it will be, to give a full statement of the leading symptoms of the different epidemics of scarlatina noticed by authors ; and to appropriate to each, the general and topical remedies which they require. Whoever embarks in this undertaking, and executes it

it with success, will render an useful service to the public.

These reflexions occurred to me, upon turning my thoughts towards the subject of scarlatina; and I conceive them of sufficient importance, to merit the attention which I have bestowed upon them.

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I proceed now, to the proper object of this paper; in prosecuting which, I beg to be understood, as considering scarlatina, and scarlatina anginosa, to be the same disease, using always the term scarlatina, as including both. And thus, in compliance with common custom, and for a reason which will afterwards appear, I shall treat of this modification of the disease, separately from cynanche maligna, of which I shall take distinct notice, in the sequel.

An inflammatory diathesis frequently prevails on the first attack, and during the early period of scarlatina. For this reason, venesection has been ranked

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ed, by some practitioners, among the remedies which ought to be employed, in scarlatina ; and it has even been practised with advantage. Possibly too, the existence of the inflammatory diathesis, may have disposed other practitioners to give purgative medicines, more freely in scarlatina, than in typhus. But this practice has not been universal ; for many physicians do not admit the good effect of purgatives, while others deny it altogether, and consider it to be highly prejudicial, by inducing a dangerous and fatal tendency in the disease.

This question, one of great importance in practice, is not as yet, satisfactorily decided ; although I think the opinion gains ground, that purgatives are useful in scarlatina, either during the whole course, or towards the close of the disease ; in which last case they are given, to obviate, or to remove dropfical swelling, a common, and sometimes, a fatal consequence, of scarlatina.

Many years ago, when the prejudices against the use of purgatives in scarlatina, were more decided, and more prevalent, than they are at this time, I ventured to employ them. My doing so, was indeed a necessary consequence of the benefit I had experienced from purgative medicines in typhus. I had learnt

learnt that the symptoms of debility which take place in typhus fever, so far from being encreased, were obviously relieved, by the evacuation of the bowels. I was, therefore, under little apprehension from them, in scarlatina. I have never witnessed sinking and fainting, as mentioned by some authors, and so much dreaded by them; neither have I observed revulsion from the surface of the body, and consequent premature fading, or in common language, striking in of the efflorescence, from the exhibition of purgatives. Accordingly, in treating scarlatina, I have confided much, in the use of purgative medicines; and no variety of the disease, as appearing in different epidemics, or in the course of the same epidemic, has hitherto prevented me from following out this practice, to the extent which I have found necessary.

Here, I beg again to caution the reader against the common association of purging, with the use of purgative medicines; these are given only in the present case, to remedy the impaired action of the intestines, and secure the complete expulsion of their contents, and thus to prevent any accumulation from remaining to aggravate the severity of the symptoms, and produce further source of suffering to the patient.

Besides

Besides these motives for the exhibition of purgatives, I have observed, that the febrile state in scarlatina is more apt to induce costiveness, and to change the nature of the contents of the bowels, than it is in typhus. For in most cases of scarlatina, the alvine evacuation has an unnatural appearance, and in general, a peculiarly fetid smell.

While I have thus found, that purgative medicines mitigate the symptoms of scarlatina, I have also in general, experienced them to afford the most certain means, either of preventing dropfical swellings, and other subsequent derangements of health, or of removing them, when formed. For this reason I give purgatives, not only during the fever, but for some time after convalescence.

On this subject, it is proper to remark, that the termination of scarlatina cannot be ascertained, from its previous state ; we can form no general conclusion as to the dropfical tendency, from the violence or mildness of the preceding symptoms. I have been involved in the greatest perplexity by the appearance of dropfical affection, after the termination of a mild scarlatina. During the progress of scarlatina, therefore, practitioners cannot be too much on the watch against unexpected changes, and unfavourable appearances.



appearances. They must never, in the slightest case, lose sight of the ‘*diligentia medici*,’ although Sydenham seems to ridicule this attention, by applying to it the epithet ‘*nimia*.’

The same activity, however, in the exhibition of purgative medicines, is not required in every epidemic, and in every case of scarlatina. In some instances, the belly is moved with ease, and in others, not without difficulty. Scarlatina was frequent in Edinburgh, in autumn 1804, and in winter 1804-5. In this epidemic, the bowels were peculiarly constipated, the termination in dropsy was frequent, and the mortality great. I have not ascertained the circumstances to which this different state of the bowels in scarlatina, is to be ascribed. But on whatever cause the difference depends, it will be necessary for us to adapt our practice in the use of purgatives, to the nature of the prevailing epidemic.

It is not perhaps, of great moment, to be solicitous about the selection of purgative medicines in scarlatina. In general, I have chiefly employed those, which I have mentioned in my observations on typhus. Children cannot be always easily induced to take medicines of any kind. Submuriate of mercury, may, on this account, be proper for them.

But we ought to be on our guard against too great an affection of the mouth, from the frequent necessary repetition of the mercury.

In scarlatina, as in typhus, we should keep in view the procuring the effect of purgatives, during the day, and the avoiding, in this manner, the disturbance of the sick, in the night time.

The use of purgative medicines in scarlatina, does not supercede the other sources of relief and comfort, which have been found proper in the treatment of the disease. On the contrary, the good effects of these, and their co-operation with purgatives, will contribute to abate suffering, and avert the danger which follows scarlatina.

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I have purposely declined entering into any argument respecting the identity of scarlatina, and cynanche maligna, that I might be at liberty to notice them separately. I am, however, disposed to consider them, as constituting one disease: yet, so long  
as

as this is not the general opinion, I was unwilling that doubt should arise from this quarter, respecting the use of purgative medicines in scarlatina. For while in this, the more simple form of the disease, purgatives are considered by almost every one as dangerous, they are universally, and altogether condemned in cynanche maligna. Had I therefore spoken in a general way, and seemed to have recommended purgative medicines in all the varieties of scarlatina, my proposal would have been received with such distrust, that the practice which, from a conviction of its utility, I was anxious to promote, might have been neglected, and passed from, without a trial of its expediency.

But the line which I have taken, will avert this danger. I have stated my practice, of exhibiting purgatives in scarlatina; I proceed now to consider it in relation to cynanche maligna.

The extreme debility which is manifest in the malignant sore throat, has given rise to a strong objection to evacuations of any kind, and particularly to that by purging, in the treatment of it. It would indeed appear, that this objection has been urged with effect, against the use of purgatives even in scarlatina, in consequence of the connexion which had



been observed to subsist between it and cynanche maligna. For it was imagined, that the danger from cynanche maligna which supervenes upon scarlatina, a supervention not unfrequent, would be increased, in proportion to the debility previously induced by the purgatives used in scarlatina.

But the restricted use of purgative medicines, to the extent of unloading the bowels only, does not increase this debility, while it relieves the symptoms of the general fever, and either may thus prevent its termination in cynanche maligna, or alleviate the attack.

Writers also condemn purgatives in cynanche maligna, from an apprehension, that they serve to diffuse the acrid matter, descending from the throat into the stomach, over the whole surface of the intestines, and thus to increase the source of contagion, and to aggravate the irritation which arises from the presence of this acrid matter. But in stating this objection, they do not consider, that this matter accumulating, and becoming more offensive, in consequence of retention in the stomach and bowels, will produce greater mischief and greater irritation, than can possibly proceed from the gentle operation of a purgative medicine; while they lose the benefit

ensuing from the movement and expulsion of an acrimonious feculent mass.

An exhausting diarrhœa, or even a dysentery, it is said, are troublesome and common consequences of cynanche maligna; on which account, purgatives are conceived to be injurious. But I cannot see the force of this objection. For were I to devise a means of preventing these consequences, or of removing them when they had taken place; none more likely would occur to me, than the use of those very purgatives, which are thus so dogmatically proscribed. While I employed them, however, I would carefully limit their effect, to the express purpose of unloading the bowels, and shun the inconvenience of inducing weakness, by full purging.

Under these impressions, I have formed a favourable opinion of the utility of purgative medicines in cynanche maligna. But let me here caution the reader, that in giving this opinion, I have departed from the rule which I had formed to myself. It is a theoretical opinion, and not so fully supported by experience, as to enable me to deliver it with confidence.

The peculiarly healthy, airy, and dry site of Edinburgh; the general cleanliness and comfort which the inhabitants enjoy, since the extension of the royalty, and the erection of the houses in the New Town, will account for the rare appearance of cynanche maligna among us, and for my good fortune, in having witnessed few instances of it.

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I have said, that the opinion of purgative medicines being useful in scarlatina, gains ground. Accordingly, others, besides myself, have employed them with considerable freedom. But these practitioners do not seem to have set a proper value upon this mode of treatment; and have been inclined to impute benefits, evidently resulting from purgatives, to other medicines which they may have used at the same time.

Mr. Oaxly of Pontefract, and Dr. Binns, in conducting the cure of scarlatina, which appeared among the children in the school at Ackworth, gave calomel  
in



in repeated doses, to an extent beyond former example. And the utility of the practice was self evident, and acknowledged. Yet Dr. Binns, in the subsequent part of his account of this epidemic, derogates from the efficacy of purgatives, and attributes much of his success, and his success was great, to other remedies, particularly to gargles.

In the Gentleman's Magazine for June 1772, an anonymous correspondent mentions an epidemic scarlatina which prevailed at Ipswich. His letter is a medical curiosity. It is little known, and is not now readily accessible, as the depository of it has become scarce, and is generally to be found only in public libraries. I insert it therefore at length, for the gratification, I may hope, for the instruction of my readers. It runs thus ;

“ MR. URBAN,

“ If the following comports with the design of your useful collection, please to give it a place the first opportunity, and you will oblige a constant reader.”

To Dr. ———, London.

“ SIR,

“ Notwithstanding you are an absolute stranger to me, your character as a physician, and as a candid, humane,

humane, and benevolent gentleman, has emboldened me to trouble you with the contents of this, without any further apology, than the goodness of the intention.

“ The ulcerated fore throat, and scarlet fever, has been very rife in this place and the neighbourhood, for some months past, and has been, in a considerable number of instances, fatal. It has in every respect, answered the description given of it by Dr. Fothergill ; and therefore a repetition of the symptoms and appearances would be needless. I shall only relate what appears to me to be the predisposing cause, the proximate cause, the pabulum morbi, the treatment I have given it, and the success.

“ The predisposing cause is, whatever generates a quantity of acrid bile in the primæ viæ.

“ The proximate cause, is the sudden transition from heat to cold, and the contrary. This has been so very evident, that whenever the wind has changed from the south or west to the north or east, a considerable number of people have been almost instantly seized with the disease.

“ The

“ The pabulum morbi is, acrid bile. This is certainly known by the immediate cure of the sick, who apply very soon after the seizure, and take such medicines as act smartly on the stomach and bowels; by the great relief all others find by vomiting and purging; and is confirmed by the contents of the evacuations, which are little else but acrid or putrid bile.

“ The treatment I have given the sick is, immediately to evacuate them, in proportion to the strength of the patient, the violence of the symptoms, the time of the disease, and the particular state of the constitution.

“ The evacuating medicines I have given, are the following :

“ Recipe—Raf. c. c. antimon. crud. pulv. an ; p. æ. calcinentur simul in crucibulo donec fumi sulphuris evanescant, et regulus antimonii manifestus fit ; deinde ab igne remove, et in pulverem subtilissimum redige.

“ Recipe—Pulv. supradict. partes tres.—Mercurii dulcis sexies sublimati, et subtilissime trituriati, partem unam. misce.

“ Of



“ Of this I have given from half a scruple to half a drachm, to adults, and have found it constantly to answer the intention: But to children, I have given the mercurius dulcis only, from five grains to a scruple ; and if the symptoms are very violent, and the child very robust, I have given even half a drachm with the greatest success. After the sick has had several stools, I give him the following julep :

“ Recipe—Mann, aq. pur. unciis septem ; solut. unciam, crem. tartar. drachmam, aq. nucis moschat. unciam dimidiam. M. Capiat cochlearia tria, quartis horis, if he is an adult ; if a child, according to his age and strength. It is an agreeable medicine, and answers the intentions of keeping the bowels lax, the bile insipid, and the mouth and fauces quite clean.

“ If the patient is in the first stage of the disease, I direct him to gargle frequently with Spiritus Mindereri in cold water, which prevents an ulceration : if in the second stage, with Spiritus Mindereri, tincturæ myrrhæ uncia dimidia, decocti hordeati, unciis septem. M. If in the third, and the sloughs begin to separate, with mel rofar. tincturæ myrrhæ,—corticis Peruvian. a. uncia dimidia, decoct. hordeati unciis septem, M. and made just tepid.

“ If

“ If the ears are affected, I have used the last mentioned mixture, as soon as they discharge, just tepid, as an injection, several times a day.

“ After the sloughs are all off, and the fever gone, I have found it necessary, in some few cases, to give of the following tincture; Recipe—Infus. corticis Peruviani Huxhami, unciam unam et dimidiam;—Rhabarbari spirit. unciam dimidiam; drachmam unam vel drachmas duas, bis in dies, horis medicinæ in aqua pura.

“ The liquors I have used, have been water-gruel, barley-water, chicken-water, sage tea, rosemary tea, or baum tea, occasionally. Of these I have recommended the sick to drink freely, cold or just tepid; keeping them at the same time cool, and admitting fresh air freely into the room, remembering always Piso’s maxim, “putredo fit a calore alieno et interno.”

“ The success has been beyond my most sanguine expectations; I have had considerably more than one hundred patients, and have not buried one.”

“ Ipswich, June 3.”

“ This letter was written some months ago, since which time the number of patients have increased to near three hundred, with the same success.”

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The facts here set forth, afford an uncontrovertible evidence of the safety and efficacy of the practice of exhibiting purgative medicines, not only in scarlatina, but even in cynanche maligna; for the epidemic described in the above letter, appears to have been of this nature.

Dr. Ford, physician in Chester, has informed me, that Mr. Rodbard, of Ipswich, an ingenious practitioner and respectable man, is the writer of this letter. In a late letter to Dr. Ford, Mr. Rodbard *inter alia* thus expresses himself, “ I have not seen Dr. Hamilton’s treatise, but I have seen no reason to deviate from my plan of treating scarlatina anginosa; and my success, since I adopted it, has been constant and uniform.”

Mr. Rodbard verifies my observation, that different epidemics of scarlatina, require a variety of the same practice. In the scarlatina of 1772, at Ipswich, the bowels appear to have been easily moved. But I believe the gentle purgative employed in the course of that epidemic, for I do not take into account the highly active one given in the first instance, would have been of no avail in the scarlatina which prevailed in Edinburgh, in 1804. I give a narrative of this epidemic, as it appeared in George Herriot’s hospital,



hospital, as well as the cases of a few of the patients who laboured under it, in the Royal Infirmary. These will be found in the third number of the subjoined Appendix.—They illustrate my mode of practice, both in scarlatina, and in its consequences; for I apprehend other derangements of health, besides dropfy, arise from it. Several years ago, I witnessed a case of scarlatina, in which violent epileptic paroxysms accompanied dropfy, the consequence of the disease. The dropfy was quickly removed by brisk purgatives, and the epileptic fits immediately ceased.

## CHAP. III.

OBSERVATIONS ON THE UTILITY AND ADMINISTRATION OF  
PURGATIVE MEDICINES IN THE MARASMUS WHICH  
APPEARS IN CHILDHOOD AND EARLY YOUTH.

I COMPREHEND under the general title, marasmus, a variety of symptoms which affect the young of both sexes.

A sluggishness, lassitude on slight exertion, depravity and loss of appetite, wasting of the muscular flesh, fulness of the features and paleness of the countenance, swelling of the abdomen, an irregular and generally a costive state of the bowels, a change in  
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the colour and odour of the feces, fetid breath, swelling of the upper lip, and itching of the nose, mark the beginning of the disease.

When these symptoms have continued for some time, they are followed by alternate paleness and flushing of the countenance, heat and dryness of the skin, feeble and quick pulse, thirst, fretfulness, increasing debility and disturbed sleep, during which the patients grind or gnash their teeth, and are subject to involuntary starting, and twitching of different muscles.

Every case of marasmus does not necessarily include all the symptoms which I have enumerated. Different combinations of them give a variety of the disease, which is, however, in general, readily known and distinguished.

Marasmus appears most commonly among weak and infirm children, whether they are so from delicacy of constitution, or from incidental causes. It is particularly prevalent in large and populous cities, where children are deprived of ready access to exercise in pure air, and sicken and pine in the nursery; or when they are confined in crowded and airless school-rooms, whither they are sent, partly for the purposes



purposes of education, and partly, to use a common phrase, with the view of being kept out of harm's way. Children also, who are employed in manufactories, where their occupation and confinement are such as to weaken and enervate them, are liable to be attacked with this disease. Irregularity in diet and improper food, also give rise to marasmus. We accordingly observe it to prevail most commonly in autumn, the season which affords opportunity for eating unripe fruit and vegetable articles from the garden.

In proof of the operation of these causes, I remark, that I have held the office of Physician to George Heriot's Hospital for two and thirty years. During this long period, I scarcely recollect an instance of this marasmus among the children entertained in that institution. This may be attributed to the healthy site of the building; to the cleanliness and free ventilation of every part of it; to the wholesome nourishing food of the children, and to their exposure to pure air while enjoying their infant sports.

Marasmus has been generally attributed to the presence of worms in the alimentary canal. This supposition, however, is questionable. Ascarides,  
Teniæ,

Teniæ, and Lumbrici, are the worms most commonly found in the human intestines.

Ascarides, which are often passed in great numbers by children when at stool, are not accompanied by the symptoms of marasmus. Except an itching about the anus, they give little other uneasiness.

The tenia or tape worm, the presence of which is known by peculiar symptoms, which are the source of much suffering in after periods of life, is altogether unknown in infancy and childhood.

The lumbricus, or round worm, therefore, must be the generally supposed cause of the symptoms of marasmus. Medical gentlemen, who have practised in tropical climates, speak much of the lumbricus, and mention the number of them that is occasionally passed to be very great. There may be something in the climate, soil, or state of the air of these regions; in the mode of life or constitution of the inhabitants, with which we are unacquainted, which may account for this circumstance. But in our cooler latitudes, no such instances of numerous lumbrici have been noticed. On the contrary, after the best directed course of anthelmintic medicines, when the symptoms of the disease are going off, no lumbrici have

been seen, unless we admit, that the worms, destroyed by the efficacy of the medicines, constitute the unnatural and fetid feces which, in such instances, are voided in great abundance.

This admission, however, is not to be readily granted; for similar feces are passed upon the exhibition of an early purgative, and before any specific vermifuge is employed.

Farther, the presence of lumbrici in the bowels is by no means an uniform cause of bad health. They have been known to exist in the intestinal canal without any disease ensuing. These instances are not rare, and are not confined to childhood. They militate against the received opinion, that lumbrici, within the intestines, are the cause of marasmus; for if they are so in a single case, they should be so in every one.

This opinion, however, that worms exist, and exert a baneful influence in the intestines, has been so prevalent for ages, that a great many anthelmintic medicines, some peculiar to the nursery, others to the regular practitioner, have been mentioned and extolled. Of these, some have been considered as specific poison to the insect, and others are conceived to



to destroy it by mechanical triture. Most of them have had their partisans for the day, and have passed in succession through the ordeal of experience, into oblivion. The utility of such anthelmintics as have been found to be most beneficial, has, in my opinion, been, in proportion to the purgative powers which they possessed.

When I consider the languor and lassitude which precede this marasmus; when I recollect the constitutional or acquired debility of those who are more particularly exposed to be affected by it, instead of adopting the common opinion, of its being occasioned by worms, I am more disposed to think, that a torpid state, or weakened action of the alimentary canal, is the immediate cause of the disease; whence proceed costiveness, distension of the bowels, and a peculiar irritation, the consequence of remora of the feces. I have accordingly been long in the habit of employing purgative medicines for the cure of this marasmus; the object is, to remove indurated and fetid feces, the accumulation perhaps of months; and as this object is accomplishing, the gradual return of appetite and vigour mark the progress of recovery.

The history of the disease, from the first indisposition, to the appearance of more urgent symptoms,

disposes me to consider it as consisting of two stages or periods ; the incipient, and the confirmed. The first period commences with the disease, and continues to the accession of the febrile symptoms. These usher in the confirmed stage, which continues to the end. This is not a frivolous remark ; it is of use in practice.

In the incipient stage, the bowels are not altogether torpid and inactive, neither are they overloaded with accumulated feces. Mild purgatives, therefore, repeated at proper intervals, effect a cure. They preserve the bowels in proper action, carry off feces which had begun to be offensive and hurtful, and prevent farther accumulation.

In selecting purgative medicines, we must flatter the taste of our young patients. Powder of jalap is not altogether unpleasant. The mild neutral salts, dissolved in a suitable quantity of beef tea, are also convenient purgatives ; but calomel will prove, on several accounts, the most certain and useful remedy of this kind.

Neglect, on some occasions, and too great confidence in inert medicines on others, allow the confirmed stage of marasmus to steal on imperceptibly.

Manifest

Manifest danger now threatens the young sufferer, whose remaining flesh and strength are rapidly wasted by the supervening fever ; while prostration and depravity of appetite withhold necessary nourishment. And at the same time, the more inactive bowel, and greater bulk of feculent matter, throw additional difficulties in the way of a cure.

Under these circumstances, I adopt active practice, in the view of stimulating the intestines, and of putting the collected mass in motion without delay. I find these ends are best obtained by giving small doses of the purgative medicine which I employ, and by repeating these frequently ; so that the latter doses may support the effects of preceding ones.—When the bowels are once opened, stronger purgatives, given at longer intervals, will accomplish the cure.

I observe calomel to be equally useful in this, as in the incipient state of the disease ; but great attention must be given during the exhibition of it. Without this, as the fetor of the breath prevents us from recognizing the mercurial fetor accurately, the mouth may be affected unnecessarily and unexpectedly.



While I thus give appropriate purgative medicines, I find it necessary in order to have full information of their effects, to inspect daily what is passed at stool. The smell and appearance of the feces are a criterion of the progress we make in the cure, and direct the farther administration of the purgatives. This inspection is the more necessary, as we cannot expect the information we want from our little patients; and we will often look for it in vain from the attendants, whose prejudices, and whose ignorance of our views, prevent their seeing the propriety of the enquiry.

During the prevalence of the disease, the feces are dark, fetid, and varying from a costive consistence, to that of clay, and are often fluid; and such they appear upon the first exhibition of the purgative medicines. I observe that the recovery of the sick keeps pace with the return of feces of natural colour, form, and smell; a change which the repetition of purgatives does not fail to produce.

While I give purgative medicines after this manner, in this stage of marasmus, in which the obstinacy of the disease is sometimes great, and the danger attending it imminent, nourishing food, of light and digestible quality, and suited to the taste of the patient, and the moderate use of wine, are much wanted.

For

For some time after the symptoms have disappeared, it is expedient to continue a mild stimulus to the bowels. As they have recently suffered, and have been weakened by over distension, they are apt to favour subsequent accumulation of feces, the forerunner of a relapse, which is to be dreaded the more, as the patients have been weakened by the previous disease.

This gentle sollicitation of the alvine evacuation, for it ought to be gentle, is not attended with danger ; on the contrary, it is the greatest promoter of recovery in this case, with which I am acquainted. It relieves the stomach, and improves the appetite and digestion. Besides, nothing more is intended by this practice, than to establish a regular action of the bowels, after long constipation, by procuring daily one or two easy motions, which are indeed at all times necessary to the healthy condition of childhood.

With this precaution, I do not feel the necessity of employing tonic and bracing medicines to complete the cure ; this object is readily obtained, in general, by the use of light nourishing food, and by the patient being much in the open air.

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I do not, however, say that strengthening medicines may not be useful towards the close of the disease, and many practitioners set a value upon them. Lime-water, infusions of vegetable bitters, and chalybeates, are of this description ; and, provided they do not, by any peculiar effect on the stomach, prevent nourishment being taken, will advance the return of the tone and vigorous action of the stomach and alimentary canal.

I have thus endeavoured to unfold the opinion I entertain of this marasmus, and of the causes which induce it ; and to explain the method of cure which I have employed for a great length of time, with success, in my private practice.

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As marasmus proceeds from symptoms of slight indisposition, through a series of others which become daily more and more obstinate and dangerous ; as the first deviation from health is easily obviated by  
the



the stimulus of purgative medicines, which brings the fluggish bowels into regular action, and evacuates their contents; and as the disease attacks the young and thoughtless, who can hardly explain their feelings, it behoves mothers, and nurses, and superintendants of nurseries and of manufactories, to whom the care of the young is committed, to watch over their charge with assiduity. Prostration and depravity of appetite, a changing complexion, tumefaction of the abdomen, scanty and unnatural stools, and fetid breath, indicate approaching danger. When these therefore, are observed, assistance should be asked; by the prompt interposition of which much eventual distress, and even death itself may be prevented.

But other considerations weigh with me also, when I call for this assiduity. Marasmus has a close connexion with other formidable diseases, and either precedes or seems to accompany them; of these, I shall at present notice two, hydrocephalus and epilepsy.

Hydrocephalus internus, the bane of infancy and of childhood, a disease big with much suffering, and of a fatal tendency, has at all times occupied the attention of physicians. They have endeavoured to investigate its nature, to assign the causes which induce it, and to propose curative indications. Different

ent sentiments on these subjects have led them to employ numerous and discordant remedies. Nevertheless, even now they are not at one as to the causes of hydrocephalus, so involved are these in obscurity. Neither have they made the most distant approaches towards the discovery of a certain remedy for it.

This much is known, that hydrocephalus often steals slowly on, with symptoms resembling those of incipient marasmus. Till some better theory, therefore, is established, it is not unreasonable to suppose, that the marasmus, of which I have treated, may on some occasions give rise to hydrocephalus, by impairing the vigour of the constitution, and by favouring ferous effusion into the ventricles of the brain:

This conjecture merits the greater attention on this account, that while the symptoms of hydrocephalus resemble those of incipient and even of confirmed marasmus, they have been removed by the diligent exhibition of purgative medicines. The truth of this observation has been repeatedly confirmed in my private practice, and it affords an additional reason for the exercise of watchful attention, to prevent the confirmed state of marasmus, which may, in more instances than we are aware of, have been the forerunner if not the cause of hydrocephalus.

Epilepsy,

Epilepsy, than which no disease is so distressing to the patient, and perplexing to the physician, often appears in childhood. It acquires a hold, and is confirmed by the repetition of the fits, till their frequency, and the force of habit fix it, and make it a constitutional disease for life.

It is not my present purpose to enquire in what manner, the functions of the organs more immediately affected by epileptic paroxysm are influenced, so as to give permanency to the disease. The uncertainty of the theories proposed on this subject, and the little benefit that arises from them in practice, hold out little inducement to enter on the discussion.

It is however, I believe, generally understood, that the first attacks of epilepsy are not always idiopathic, but are frequently the effect of particular irritation of the mind or body. There are many instances of irritation of the body inducing epilepsy. When no other is evident, the loaded intestine and the change induced on its contents in the course of the marasmus, of which I have spoken, may be suspected of giving the irritation in question.



In fact, practitioners have had this circumstance in view ; for they enumerate worms in the intestines, or marasmus, as I understand their language, among the causes of epilepsy. Surely, therefore, this consideration suggests another cogent reason for watching the rise and progress of marasmus. And it will induce us on the first attack of epilepsy in children, arising from an uncertain cause, to set on foot the most decided and active course of purgative medicines ; and not peradventure to allow the disease to strike root, while we are idly employed in the exhibition of inert and useless vermifuge medicines ; or are groping in the dark in quest of other causes of the disease, or of uncertain remedies for their removal.

In the fourth number of the appendix, I give the history of two cases of marasmus from the records of the Royal Infirmary. And in the same number, I insert also communications from Mr James Russell and from Mr Benjamin Bell, in confirmation of the connexion that subsists between the marasmus of infancy, and hydrocephalus. These communications will be read with interest.

## CHAP. IV.

ON THE UTILITY AND ADMINISTRATION OF PURGATIVE  
MEDICINES, IN CHLOROSIS.

THE young of either, but particularly of the female sex, are exposed, about the age of puberty, to a series of symptoms, which, although slight in the beginning, become by slow degrees, abundantly distressing and severe. They are ushered in by a disagreeable breath, or exhalation from the mouth, not unfrequently of a feculent odour; by acid and fetid eructations, by prostration, and depravity of appetite, marked by an aversion to usual food, and a desire for substances, which are not digestible, such as chalk, cinders, sand. These symptoms are generally preceded by costiveness, which prevails throughout the disease.

A rosy

A rosy complexion now gives place to a pale, and sometimes to a greenish, and at other times to a yellowish colour of skin. The lips and gums exchange their vermilion tint for a death-like paleness; the eyes are dull, and the inferior part of their orbits is puffy, and of a dark hue; the motions become languid and feeble; the pulse, which is generally small and slow, is readily excited to a quick and irregular beat; palpitation of the heart, and hurried and labouring respiration are brought on by slight exertion; syncope often occurs; head-ach, vertigo, dulness, and impaired memory and judgment afterwards supervene. To these succeeds a peevish and reclusive turn of mind, which makes the unhappy sufferer shun society, and court darkness and solitude.

In the progress of the disease, the flesh becomes loose and flaccid, the urine is diminished, and the perspiration seems to be checked. Serous effusions into the cellular membrane, produce at first œdema of the lower extremities, and afterwards anasarca. Languor and debility continuing, death, in some instances, closes the scene. In the female, these symptoms are commonly accompanied with irregular or suspended menstruation.



Different authors arrange these symptoms indiscriminately, under different names, Chlorosis, Leucophlegmatia, and Cachexia; which are, in medicine, therefore, nearly synonymous.

Chlorosis has attracted the notice of the earliest medical writers, and various opinions respecting its nature and causes, have been entertained.

It is not perhaps necessary at this era, to consider at length, the doctrines of the humoral pathology, which prevailed in physic, from a remote period and about which the Boerhavian school was so much occupied. The dogmata respecting spontaneous gluten, the lentor and fluidity of the blood, and the alkaline and acid acrimonies of the fluids, do not now arrest much attention. Even in the present improved state of chemistry, we are little able to ascertain the nature of the animal fluids, either in a state of health or of disease; so as to say, in what the former consists; or by what deviations the latter is introduced.

Nevertheless, to this supposed cachectic state of the juices, the above mentioned symptoms of chlorosis have been referred; and, to promote a cure, recourse has been had to diluting, incrassating, and  
strengthening

strengthening medicines, and to rectifiers of peculiar acrimonies.

Accordingly, a crude, multifarious, and often inert practice has been adopted ; little calculated for the speedy removal of a disease, which gains strength by delay, and which, in some instances, becomes quickly too formidable to be cured by any means that can be devised.

When the humoral pathology sunk in estimation, other opinions arose, on which the explanation of the symptoms of chlorosis, and the indications for its cure were founded.

As chlorosis generally appears about the age of puberty, and in the female, either before, or soon after the first flow of the menstrual flux, many have supposed the retention or suppression of the menses to be the immediate cause of the disease.

This supposition, however, is liable to objections. We cannot ascertain the precise time, at which the retention of the menses may be considered as a circumstance connected with disease. The age of puberty is not the same in every female : chlorosis may  
1 therefore

therefore exist, long before the agency of the menstrual flux is felt in the constitution.

But, opposed to this theory, a still more conclusive argument is drawn, from the circumstance of chlorosis appearing occasionally among the more feeble, and delicate of the male sex; for although females are attacked more frequently and more severely with chlorosis, yet it is not peculiar to them.

For these reasons, this doctrine is now generally rejected. Another, founded on the state of the genital organs, occupies its place; it comes from most respectable authority, and it has obtained many profelytes:

Dr. Cullen thus expresses himself in paragraphs M, MI, MII, MIII, of his First Lines of the Practice of Physic; “These symptoms,” namely, some of those which I have enumerated above, (and which the Dr. details,) “when occurring in a high degree, constitute the chlorosis of authors; hardly ever appearing separate from the retention of the menses; and attending to these symptoms, the cause of this retention, may, I think, be perceived.

“These symptoms, manifestly shew a considerable



laxity and flaccidity of the whole system, and therefore give reason to conclude, that the retention of the menses accompanying them, is owing to a weaker action of the vessels of the uterus, which therefore do not impel the blood into their extremities, with a force sufficient to open these, and pour out blood by them.

“ How it happens, that at a certain period of life, a flaccidity of the system arises in young women, not generally affected with such weakness or laxity, and of which, but a little before, they had given no indication, may be difficult to explain; but I would attempt it in this way.

“ As a certain state of the ovaria in females prepares and disposes them to the exercise of venery, about the very period at which the menses first appear, it is to be presumed, that the state of the ovaria, and that of the uterine vessels, are, in some measure, connected together; and as, generally, symptoms of a change in the state of the former appear before those of the latter, it may be inferred, that the state of the ovaria has a great share in exciting the action of the uterine vessels, and in producing the menstrual flux. But analogous to what happens in the male sex, it may be presumed, that, in females, a

certain state of the genitals is necessary to give tone, and tension to the whole system; and therefore, if the stimulus arising from the genitals be wanting, the whole system may fall into a torpid or flaccid state, and thence the chlorosis and retention of the menses may arise."

"It appears to me, therefore, that the retention of the menses is to be referred to a certain state or affection of the ovaria; but what is precisely the nature of this affection, or what are the causes of it, I will not pretend to explain; nor can I explain in what manner that primary cause of retention is to be removed."

Dr. Cullen afterwards entertained and promulgated the opinion, that the retention of the menses always accompanied the symptoms of chlorosis.

In the uncertainty in which Dr. Cullen admits the affection of the ovaria, to which he refers suspended menstruation, as well as the causes of this affection, to be involved, he recommends, in conducting the cure of retention of the menses, to obviate particular symptoms, by restoring the tone of the system in general, and by exciting the action of the uterine

vessels in particular : the same means being subser-  
vient to the cure of chlorosis.

By this theory, Dr. Cullen attempts to establish, that the retention of the menses, and chlorosis, are co-existent diseases, appearing about the age of puberty, and originating in a defective communication of a due stimulus from the genital organs, on which the tone and tension of the whole system depend.

Whilst I acknowledge the great importance of the sexual organs ; while I perceive that they influence the character and disposition of the adult of every species of animals ; yet I cannot help thinking, that these organs, and the doctrines of their functions, have had too great a share in our pathological reasonings, and too great weight, in directing our conduct in the cure of diseases. And having experienced the uncertainty of the usual means which are recommended for the cure of chlorosis, and the utility of another mode of treating the disease, I was led, greatly hesitating, to question the theory of the Cullenian school on this subject.

The assumption, that the state of the ovaria, and that of the uterine vessels have a connexion ; and that the former has a great share in exciting the ac-



tion of the latter, and in producing the menstrual flux ; the presumption, that a certain state of the genitals is necessary to give tone and tension to the whole system, and that, if the stimulus arising from this state be wanting, the whole system may fall into a torpid, or flaccid state, whence chlorosis may arise ; appear to be merely a begging of the question, and lead to no certain conclusion, as to the nature, or cause of this state of the genitals, the supposed prime mover in the retention of the menses, and in the introduction of chlorosis ; or to a knowledge of the means of curing either.

The partial and temporary suspension of the influence of the genitals, is supposed, according to this theory, greatly to affect the general system. But there are instances, where this influence is altogether, and irretrievably lost ; and where no disease ensues. Castrated and spayed animals suffer certain changes of constitution, but they retain the enjoyment of perfect health. And, in our own species, eunuchs, however much degraded in the estimation of society, in consequence of their emasculation, are neither a short lived, nor an unhealthy set of men. Reasoning from this analogy, I do not understand how the influence of the female genitals can be so  
great,

great, as that its partial suspension should occasion retention of the menses, or should induce chlorosis.

Another theory has been broached on this subject, which it elucidates by a reference to sexual desire. Insinuations, injurious to the purity of mind, and offensive to the modesty of the fair sufferers, have been thrown out. The medical moralist talks of the chlorosis amatoria, and follows up his notion, with apposite counsel. Into what contradictions do the refinements of dogmatism lead us! Can passion exist, when the organs which rouse it have not as yet been evolved into action; or, if evolved, have been afterwards rendered effete by disease?

I could not avoid entering upon these discussions, which I have conducted with all brevity; I thought it was necessary to show, that the doctrines on the subject of chlorosis, are neither so clear nor so well founded, as to warrant the conclusions, which follow necessarily from them. In this manner, I prepare the reader for the candid consideration of what I have to propose; a candour perhaps not the less wanted on this account, that my opinion of the disease may appear at first sight too simple; and my practice too little adorned with the show of varied prescription.

It

It would have been fortunate, if medical enquirers had always followed the progress of diseases, step by step, and viewed them as a whole, from the first deviation from health, to their termination. A contrary procedure has often betrayed them into confusion and error.

Thus in chlorosis, the doctrine of the cacochymia of the juices, and that of the peculiar state of the genitals affecting the whole system with flaccidity and laxity, are evidently founded on the appearances, which the disease exhibits, when it is fully formed; and from which appearances also, it has its name; when, at the same time, the history of its incipient state has been little regarded.

The slightest attention to the general history of the disease evinces, that costiveness precedes, and accompanies the other symptoms. Costiveness induces the feculent odour of the breath, disordered stomach, depraved appetite, and impaired digestion. These preclude a sufficient supply of nourishment, at a period of growth, when it is most wanted: hence paleness, laxity, flaccidity, the nervous symptoms, wasting of the muscular flesh, languor, debility, the retention of the menses, and suspension of other excretions, ferous effusions, dropy, and death.

This



This view of chlorosis explains some circumstances connected with it. The feeble and delicate of either sex, in whom the languid action of the bowels readily gives place to costiveness, are more exposed to chlorosis, than the robust. Females are, in general, more delicate, and, in certain ranks of life, are more sedentary, than males; hence costiveness, and chlorosis are more common with the former, than with the latter. It is well known, that the alvine evacuation is periodical, and subjected to the power of habit; if the regular call is not obeyed, the necessity for the evacuation passes away; and the call being again and again neglected, habitual costiveness is the consequence. Hence, from the feelings of the sex, and frequently from the want of proper opportunities, costiveness, and its attendant chlorosis, are more prevalent among girls, than among boys. Again, the greater capacity of the female pelvis gives more room, for that part of the intestinal canal which is contained within it, to dilate, and, of course, to admit of greater accumulation of feculent matter, which, in proportion to its remora, becomes more and more abundant, and more impacted. Hence costiveness is more obstinate, and chlorosis, and other diseases originating in costiveness, are more severe, and are of more difficult cure, in the female, than in the male.

Impressed

Impressed with these considerations, and with a previous favourable opinion of the utility of purgative medicines, in other complaints, I, many years ago, adopted the use of them in chlorosis. I expected, by obviating costiveness, to remove the stomatic symptoms, and, of course, others that depended upon them. I pursued this practice with the greater readiness, because I had experienced, on many occasions, the uncertain, and protracted cure of chlorosis, by the remedies in common use.

Scarcely had I begun the exhibition of purgative medicines in chlorosis, when I had the satisfaction to find that the opinion, which I had formed of them, was well founded, and that they proved at once safe, and quickly salutary.

As chlorosis proceeds by slow degrees, from its commencement, to its confirmed state; so I found, according to the progress which it had made, that the bowels were more or less easily moved. I therefore varied the strength of the purgative medicines, which I employed, as well as the frequency of their repetition, as this circumstance seemed to require. The unloading the constipated bowels is the object to be obtained here, as it will be found to be in chorea

Sancti

Sancti Viti ; and the means, by which it is obtained, are the same in both diseases.

As it will be seen in chorea, so in chlorosis, the quantity of feculent matter accumulated is often very great ; and the movement of it, a task of no small difficulty.

Of course, the same attention, and assiduity in the exhibition of purgative medicines, which I shall point out to be so necessary in chorea, are equally demanded in chlorosis. The practitioner, who is not aware of this, and who, yielding to the importunity of his patients, or to the caprice of their relations, does not steadily pursue this plan of cure, will be disappointed, his abilities will be called in question, and his practice vilified and neglected.

After the due evacuation of the intestinal canal, recovery may be promoted by the interposition of tonic medicines. If such, however, abate appetite, and induce sickness, they will be of doubtful efficacy. In this case, the patient may be directed to trust to the use of nourishing food of easy digestion, and to frequent exposure to the open air, when the weather is good.

After



After all, I am not singular in this practice. The favourers of the humoral pathology have recommended a gentle purge, at intervals, to carry off whatever loads the intestines. Others advise the same practice, that the stimulus excited by the purgative may be communicated to the vessels of the uterus, which have connexion with those of the rectum. But as the objects, in these instances, were only secondary, the direct good effects of purgative medicines seem not to have been understood, or to have been lost in other views, directing other treatment.

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In concluding this subject, I must observe, how much it behoves those, who have the charge of young people, particularly of the female sex, to impress them with the propriety, nay, with the absolute necessity of attention to the regular state of the bowels; and to put it, in their power, by the use of proper means, to guard against constipation; and, at the same time, to watch over them, lest, through indolence

lence, they neglect a circumstance, which promoting, in the gay season of youth, the enjoyment of health and happiness, opposes a sure barrier against the inroads of chlorosis, always a distressing, and sometimes a fatal complaint.

I cannot adduce instances of chlorosis treated by the use of purgative medicines. This disease is not frequent among that class of society, who seek a refuge in a public hospital ; while my notes of private cases, although sufficient for my own purpose, are too imperfect to afford materials for authentic histories fitted for public inspection.

I am however enabled to supply my own deficiency in this particular, by inserting in the fifth number of the appendix, a case of chlorosis communicated to me by my friend Mr Russell, which he had treated by purgative medicines. This case merits the attention of the reader.

## CHAP. V.

ON THE UTILITY AND ADMINISTRATION OF PURGATIVE  
MEDICINES, IN VOMITING OF BLOOD.

VOMITING of blood is an alarming and often a distressful disease ; but having been generally considered to be symptomatic of other affections, it has not found a place in any regular system of physic.

I do not propose to attempt a general history of vomiting of blood. But there is one variety of it, which attacks females, who are from eighteen to thirty years of age, and it rarely appears sooner or  
later



later than these periods, which I shall endeavour to illustrate.

As I confine my attention to this variety, the observations which I am about to make, will not apply to hæmatemesis, which originates in organic affection of the stomach, and viscera connected with it, either a constitutional disease, or the consequence of previous irregularities, and intemperance. I have seen several instances of this vomiting of blood, the cure of which is doubtful in the extreme, and difficult:

The attack of the hæmorrhagy, of which I am to speak, is preceded by great languor, and oppression, both about the chest, and the præcordia; and by a sense of fulness of the præcordia; by cough, dyspnoea, and sometimes by pain of breast; by loss of appetite, headach, vertigo, and disturbed sleep; the eye is dull, the countenance is expressive of much distress, the pulse is feeble, and the bowels are constipated.

In this state of impaired health, a particular fit of sickness and nausea is the immediate fore-runner of the attack of the vomiting of blood. The blood vomited is sometimes florid, and, at other times, black, and

and grumous. The quantity of blood brought up at one time, varies from a few ounces, to the quantity of a pound or more. The distressing symptoms are relieved by this discharge of blood; but are again aggravated, previously to the return of a similar attack.

This disease, under the usual management, is of uncertain duration, and of unequal severity.

The time of life, at which this hæmatemesis takes place, and the circumstance of being peculiar to the female sex, have induced practitioners to imagine, that it is intimately connected with the menstrual flux; the suppression of which has been generally considered as the sole cause of the disease. It has been said to be a hæmorrhagy, vicarious of the menses.

The high importance of the uterine system in the animal œconomy cannot be doubted; but the functions of this system are veiled in deep obscurity, and will not, perhaps, be at any time clearly understood. They have occupied much of the attention of the speculative enquirer; and ingenuity has been taxed, to invent theories in explanation of them, and of their influence, in health, and in disease.

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The menstrual flux, the most obvious of the uterine phenomena, has afforded a wide field for discussion. It is interwoven with the opinions we entertain of almost every disease, to which the female sex is exposed. Its overflow, or its suppression, are the ready expounders of many symptoms; and the fruitful, though perhaps imaginary source of many diseases. This flux is a constant object of attention to females, who are, in general, well schooled, as to the importance, and necessity of it.

These theories of the schools, and these early impressions on the female mind, give a consequence to this subject, and force it upon the notice of the medical practitioner, who must subscribe to the general opinions respecting the menses, and seem to adopt them, although he may question, in some respects, the foundation on which they rest, and the conclusions to which they lead.

Too curious a research into the arcana of nature is nugatory. These, doubtless for wise reasons, seem to be placed beyond the ken of mankind. When, therefore, we adopt the views and language of the schools, on points merely theoretical, and deduce practical conclusions from them, it is probable we may err. I for one, am inclined to think, that too  
much



much has been imputed to the influence of the menses, in circumstances of disease. In explaining these circumstances, we seem to have reasoned too much on a subject, that is but too little understood.

The interruption of the evacuation of the menses frequently takes place for a length of time, without prejudice to the health. May not this interruption, therefore, be oftener the symptom, or consequence, than the cause of disease? It is not uncommon for females to complain, about the usual period of menstruation; and if the menses do not appear, the previous disease is hastily attributed to this circumstance. But it may, with equal reason, and with equal probability, be said to have been the cause of the suppression.

If these things be so, we cannot but regret theoretical disquisitions, which have, in other instances, as well as in the present one, led us to an attempt of difficult accomplishment, and of uncertain issue,—the restoration of suppressed menstruation; while a different practice, more certain, and more useful, and founded on different views of the case, has been either never devised, or has been entirely neglected.

I feel myself at perfect liberty to make these reflections ; because, in the case now before us, the cause assumed, to account for vomiting of blood, proceeds upon limited, or mistaken information. Suspended menstruation is not a necessary concomitant of hæmatemesis, which appears when the menses are regular. I do not know in what proportion of instances this is the case ; but if it be so in one instance, this one instance overturns the theory, does away the vicarious nature of hæmatemesis, and gives it a place, where I conceive it ought to have one, among idiopathic diseases.

About ten years ago, Dr. Gasking, of Plymouth, passed a season in Edinburgh.—I had the pleasure to be acquainted with him, and I cultivated his friendship. At this time I had ascertained the efficacy of purgative medicines in several diseases : I conversed with Dr. Gasking freely on these subjects, communicating the observations I had made.

Dr. Gasking frequently walked the hospital with me. He observed a patient labouring under vomiting of blood, whom I had been treating in the usual routine, with cooling acidulous medicines, and with different emenagogues, to no good purpose. He requested me to open her bowels with calomel ; he spoke

spoke with the decision which experience gives, and I followed his advice.

This patient was from the country; of a robust make, and hale constitution. She was about twenty years of age. The alvine evacuation, procured on the exhibition of the purgative, was copious, and of unnatural appearance. She obtained immediate relief; vomiting of blood did not return; and a few more purgatives established her recovery. She left the hospital, strongly enjoined to preserve a regular state of her belly,—means for this purpose being furnished to her.

In three or four months, this patient returned, labouring under constipation, and vomiting of blood. The constipation was again removed, by means of calomel, and a great load of indurated, and fetid feces was brought off. In a short time she left the hospital, again cured, and again admonished to be more attentive to the state of her bowels.

This instructive lesson was not lost upon me; it taught me, that the vomiting of blood of which I speak, depends upon constipation of the belly, a circumstance which I had not before suspected.



I have followed the practice which this case suggested, in the instances of the disease which I have since met with ; and my success has been so uniform, that I now lay it down as a certain position, that the proper exhibition of purgative medicines affords sure, and effectual means of removing hæmatemesis, the subject of this chapter.

The purgatives, which I have used in these cases, have never excited vomiting ; and, what may be thought singular, I have never been able to ascertain the presence of blood in the feces.

As the strength of patients labouring under this vomiting of blood is generally pretty entire, we need not dread full purging ; but this effect is not wanted ; if we unload the bowels, we accomplish the cure.

The feces which are brought off are copious, unnatural in colour, consistence, and smell, as they generally are after long remora, the consequence of obstinate, and protracted costiveness.

The different circumstances, which not only expose women to costiveness more readily than men, but, when it does occur, to a more obstinate kind of it,

it, as mentioned in the chapter on chlorosis, may explain, why they are exclusively the subjects of this disease :—A consideration, which affords me a strong additional argument, for inculcating the most sedulous attention to the careful support of a regularly acting state of the bowels ; the only security against costiveness, that bane of health, and source of manifold distress.

In conducting the cure of vomiting of blood, I have not confined myself to the use of calomel alone ; I have occasionally substituted other purgative medicines, as will be instructed by the cases inserted in the Appendix, No. VI. In which Number, I insert also a letter addressed to me, from Mr. James Law, one of the surgeons of the Infirmary, and surgeon to the Bridewell of Edinburgh. This communication from so respectable a quarter, will, in the general opinion, corroborate my practice in hæmatemesis.

## CHAP. VI.

OBSERVATIONS ON THE UTILITY AND ADMINISTRATION  
OF PURGATIVE MEDICINES IN CHOREA SANCTI  
VITI, OR ST. VITUS'S DANCE.

SYSTEMATIC writers have paid little attention to chorea Sancti Viti; and practitioners have regarded it with indifference. These circumstances will surprise us the more, when we consider the formidable appearance of the disease, the obstinacy with which it holds its course, and the distressful state to which it always reduces, and the danger in which it sometimes involves, those whom it attacks.

Dr.



Dr. Sydenham described chorea Sancti Viti, a hundred and twenty years ago, and his description, with little variation or addition, has been copied by the few succeeding authors who have written on the subject.

Sydenham, in his “*Schedula Monitoria de novæ febris ingressu*,” gives the history of chorea Sancti Viti, in the following words :

“Chorea Sancti Viti convulsionis est species, quæ ut plurimum pueros puellasve à decimo ætatis anno, ad pubertatem usque invadit ; primò se prodit claudicatione quadam vel potiùs instabilitate alterutrius cruris, quod æger post se trahit fatuorum more ; postea in manu ejusdem lateris cernitur, quam, hoc morbo affectus, vel pectori, vel alii alicui parti adplicitam, nullo pacto potest continere in eodem situ vel horæ momento, sed in alium situm, aliumque locum convulsione quadam distorquebitur, quicquid æger contrà nitatur. Si vas aliquod potu repletum in manus porrigatur, antequam illud ad os possit adducere, mille gesticulationes, circulatorum instar, exhibebit ; cum enim poculum rectâ lineâ ori admove nequeat, deducta à spafmo manu, huc illuc aliquamdiu versat, donec tandem forte fortuna illud labris propius apponens, liquorem derepente in os

injecit,

injicit, atque avidè haurit, tanquam misellus id tantum ageret, ut dedita opera, spectantibus risum moveret.”

This history, so far as it goes, is correct. It exhibits a faithful picture of the disease, of the various contortions and gesticulations of the patient. But it is silent on other circumstances, the affections of the natural and animal functions, which are essential to the disease, and which ought not to have been omitted. Besides, Sydenham details the symptoms of the advanced and confirmed state only, while he either has not perceived, or has altogether overlooked, the rise and progress of chorea. For these reasons, I give the following more extended narrative of the symptoms of chorea.

Chorea Sancti Viti attacks boys and girls indiscriminately; and those chiefly, who are of a weak constitution, or whose natural good health and vigour have been impaired by confinement, or by the use of scanty or improper nourishment. It appears most commonly, from the eighth to the fourteenth year. I saw it in two young women, who were from sixteen to eighteen years of age.

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The approaches of chorea are slow. A variable, and often a ravenous appetite, loss of usual vivacity and playfulness, a swelling and hardness of the lower belly in most cases, in some a lank and soft belly, and, in general, a constipated state of the bowels, aggravated as the disease advances, and slight irregular involuntary motions of different muscles, particularly of those of the face, which are thought to be the effect of irritation, precede the more violent convulsive motions, which now attract the attention of the friends of the patient.

These convulsive motions vary. The muscles of the extremities, and of the face, those moving the lower jaw, the head, and the trunk of the body, are at different times, and in different instances affected by it. In this state, the patient does not walk steadily; his gait resembles a jumping or starting; he sometimes cannot walk, and seems palsied; he cannot perform the common and necessary motions, with the affected arms.

This convulsive motion is more or less violent, and is constant, except during sleep, when, in most instances, it ceases altogether. Although different muscles are sometimes successively convulsed, yet, in general,



general, the muscles, affected in the early part of the disease, remain so during the course of it.

Articulation is now impeded, and is frequently completely suspended. Deglutition is also occasionally performed with difficulty. The eye loses its lustre and intelligence ; the countenance is pale and expressive of vacancy and languor. These circumstances give the patient a fatuous appearance. Indeed there is every reason to believe, that, when the disease has subsisted for some time, fatuity, to a certain extent, interrupts the exercise of the mental faculties.

Fever, such as arises in marasmus, is not a necessary attendant on chorea, nevertheless, in the advanced periods of the disease, flaccidity and wasting of the muscular flesh take place, the consequence of constant irritation, of abating appetite, and impaired digestion, the common attendants of protracted chorea ; and which, I doubt not, may, in some instances, although contrary to the opinion that chorea is not fatal, have been the forerunners of death.

From this history, chorea may be considered as consisting of two states or stages ; the incipient, and the confirmed. The incipient state takes place from the first derangement of health, till the full formation

tion of the involuntary motions ; with these the confirmed state commences, and continues to the end of the disease.

After detailing the history, Sydenham proceeds, in the *Schedula Monitoria*, to deliver his theory and his conduct of the cure of chorea.

“ Cùm affectus iste,” (chorea scilicet,) “ ab humore aliquo in nervos irruente, quorum irritatione istiusmodi motus præternaturales producuntur, pendere mihi videretur ; indicationes curativas primùm ad humores illos tam venæsectione, quàm purgatione minuendos, dein ad corroborandum genus nervosum omnino dirigendas censebam. Quem in finem hâc utor methodo. Sanguinem ex ægri brachio ad uncias septem, plus vel minus, pro ratione ætatis, educi jubeo. Die sequente vel dimidiam partem, vel quiddam ampliùs, (pro ratione vel ætatis, vel etiam majoris minorisve corporis, ad fubeundam catharsin, aptitudine) potionis purgantis communis exhibeo.

“ Recipe—Tamarind. unciam dimidiam ; fol. fenn. drachmas duas ; rhabarb. drachmam unam et dimidiam ; coq. suf. quant. aq. ad uncias tres, in colat. dissolv. mann. et fyr. rosar. solutiv. utriusque unciam,

“ Et

“ Et vespere haustulum paregoricum propino.

“ Potionem istam cathartica ad tres vices alternis diebus repetendam prescribo, et haustum paregoricum iisdem noctibus. Postea sanguinem rursus extrahi curo, dein ut ad catharsin, uti prius, æger revertatur. Atque ita, alternatim sanguinem mitto, et subduco alvum, donec ægro vena ter quaterve fuerit incisa, et post singulas venæsectiones toties fuerit purgatus, quoties viros ferre posse viderentur; eo tamen temporis spatio inter alternas evacuationes diligenter observato, ut nihil inde periculi ægro immineat. Diebus à purgatione vacuis, sequentia prescribo.” *Hæc sunt medicamenta stimulantia, uti dicuntur, corroborantia, et alterantia quæ hic recensere inutile est.*

“ Quanto magis convalescit æger, tanto minus pedem ducit, tanto pariter et diutius, et constantius manum in eodem situ continet, et scyphum ori magis directâ viâ admovet: quæ certissima sunt indicia quantum profecerit in sanitate redintegrandâ. Ad quam quidem consummatiùs perficiendam, licet author non sim ut plus ter quaterve ut plurimum sanguinem emittat æger, attamen remedia cathartica et alterantia eousque in usum sunt revocanda donec rectissimè tandem valeat.”

Sydenham



Sydenham mentions his success under this management: "*Quo morbo,*" chorea scilicet, "*haud pauciores quinque laborantes et vidi, et sanavi ipsemet.*"

Sydenham passes over in silence the time requisite for the cure of chorea. The intervals, however, between the three or four bleedings, during which purgative and paregoric medicines were given, and the injunction to continue the use of cathartics and alteratives, after the last blood-letting, till the patient is at length completely recovered, make it probable, that many weeks, if not months, must have elapsed before the cure was effected.

The theory of the present day differs from that of Sydenham, which, although not very intelligible, may be as good as its substitute; and the only useful part of his practice, has fallen into disuse. Latter physicians, therefore, instead of elucidating the theory, and of improving the method of curing chorea, have been retrograde in both respects.

It is now sufficient to say, for what length of time the authority of Sydenham, and the credit which his opinions obtained, encouraged and protected the practice, which he recommended. It is certain, however,

ever, that a doctrine and practice discordant with his have long prevailed. And it is probable, that the anxiety expressed by Sydenham, that, in the administration of bloodletting and purging, his patients should catch no harm; together with the weakness both of body and mind, characteristic of the disease, may have introduced this change. Be this as it may, physicians are now inclined to refer chorea to a certain debility, or loss of tone, in which the convulsive involuntary motions originate. They of course neglect the "*humor aliquis in nervos irruens*;" they convert the caution of Sydenham into a total prohibition of bloodletting and purging; and in the cure of chorea they adopt the exclusive employment of stimulant and tonic medicines.

Under this practice, opium, camphor, sulphuric æther, valerian, cinchona, and different vegetable bitters, zinc, steel, ammoniacum cupri, cold bathing, and electricity, are the medicines which have been chiefly used. Most of these are casually mentioned in periodical publications, and are supported by that authority only which attaches to solitary facts. De Haen is an advocate for electricity. In his *Ratio Medendi* he gives several cases, in which it appears to have been exhibited with success. Medical  
electricity

electricity has, however, lost much of its early celebrity.

Notwithstanding the employment of these remedies, chorea has been found a tedious disease; experienced practitioners having admitted that it has continued for many months, nay, for years; terminating only, on some occasions, about the age of puberty.

This confession is not much in favour of the modern practice, or of the doctrine on which it rests. It is melancholy to reflect, that months, and years, the most valuable in respect of after life, should glide on, while an effectual check is given to the improvement of the mind, the cultivation of useful learning, or the acquisition of the necessary arts; with the hazard of permanent fatuity, to a certain extent, or of a grotesque appearance, from the unconquerable remains of irregular motions being imposed on the young sufferers for life. To these certain consequences of protracted chorea, I will add, the danger which attends it; I have no doubt, but that it must have, on some occasions, proved fatal.

In the course of my practice, I have seen above twenty cases of chorea: a greater number than it



may have fallen to the lot of many to observe. I cannot say, with Sydenham, that I have succeeded in curing all of these. For several of my patients presented themselves while I yet employed tonic and stimulating medicines; when my practice shared the common fate, and met with disappointment. I am afraid I may even sometimes have done harm, by the indiscriminate use of the cold-bath, a remedy not always suited to the exhausted and irritable state of the subjects of chorea.

I now began to desert a practice in which I had lost confidence, and to consider chorea in a different light, from that in which it had been commonly viewed. I conceived that the debility and spasmodic motions, hitherto so much considered, might not be the leading symptoms of the disease, but might depend upon previous and increasing derangement of health, as indicated by irregular appetite, and constipation of the bowels.

Under this impression with regard to the erroneous opinions, which I had heretofore entertained concerning the nature of the disease, and the consequent improper practice, which I had employed for the cure of it, I resolved to alter my mode of treatment, in order that I might fulfil those indications  
which

which the new, and, as I flattered myself, the more correct view of the disease had suggested.

If my conjectures were well founded, the first and principal object of practice would be to remove the constipated state of the bowels. In pursuance of this object, I began to try the effects of purgative medicines, given regularly in moderate doses.

At first, I confess, I acted with all that caution and diffidence, which the adoption of a line of practice, at variance with that which had been long approved and established, naturally inspires. But experience had convinced me of the safety of exhibiting purgative medicines in typhus fever; I therefore did not think any great risk would ensue from a cautious use of them in the most debilitated state, which chorea might induce. The conjecture proved to be well founded; the success of the practice confirmed the justness of the opinion on which it was formed, and encouraged me to persevere with steadiness, and activity.

The purgatives which I employed in the first instance, were of the weaker kind, and inadequate to the object to be obtained. Stronger ones were found

to be necessary to move, and discharge the indurated and fetid feces.

I observed the quantity of feculent matter collected, to vary in different subjects, and at different periods of the complaint. I could not ascertain this by any previous circumstance. One would think, that, in proportion to the fulness and prominence of the abdomen, and in proportion to the age and vigour of the patient, the accumulation, *ceteris paribus*, would be ; but I do not find that this is so. Perhaps the lengthened duration of the complaint, and the reduced state of the patient, the consequence of this, are attended with the greatest feculent accumulation. I think my observation bears me out in this conjecture, as in the instance of David Anderson, the history of whose case will be found in the Appendix, No. VII. This boy was emaciated and exceedingly puny, and his abdomen was lank ; yet from the fifteenth day of December, when the commencement of his recovery was observable, to the twenty-fifth day of the same month, the quantity of feces discharged was most wonderful, such as I had never seen before. It appeared to me, during the above period, to have nearly equalled in weight, that of the whole body of the extenuated patient.

I have



I have already noticed, that chorea consists of two stages. In the first, while the intestines yet retain their sensibility, and before the accumulation of feces is great, gentle purgatives, repeated as occasion may require, will readily effect a cure, or rather prevent the full formation of the disease.

In the confirmed stage, more sedulous attention is necessary. Powerful purgatives must be given in successive doses, in such manner that the latter doses may support the effect of the former, till the movement and expulsion of the accumulated matter are effected, when symptoms of returning health appear. Whoever undertakes the cure of chorea by purgative medicines, must be decided, and firm to his purpose. The confidence which he assumes is necessary to carry home, to the friends of the patient, conviction of ultimate success. Their prejudices will otherwise throw insurmountable obstacles in the way. Half measures, in instances of this kind, will prove unsuccessful; and were it not for perseverance in unloading the alimentary canal, the disease would be prolonged, and, recurring, would place the patient in danger, and thus bring into discredit a practice which promises certain safety.

Here, as in all other cases of extreme debility induced by disease, the recovery is at first slow and gradual. A regular appetite for food, a more intelligent eye, and lightened countenance, cheerfulness, and playfulness of temper, increasing aptitude for firmer motions, the restoration of articulation, and of the power of deglutition, a renovation of flesh and strength succeed each other, and being more and more confirmed, are, ere long, followed up by complete recovery.

For some time after these salutary changes take place, the state of the bowels must continue an object of attention. An occasional stimulus from purgatives will be requisite to support their regular action, and to restore their healthy tone, the only security against the recurring accumulation of feces, and of a consequent relapse.

About this time also, remedies possessed of tonic and stimulant powers, may be used with propriety and effect; they restore energy to the torpid bowels, aid the purgative medicines in obviating costiveness, and thus confirm a recovery already advanced. Vegetable bitters, or the preparations of steel, may perhaps be the most useful for accomplishing these ends. I have not felt the necessity of having recourse to medicines

dicines of this kind : under a proper regimen of light and nourishing food, and of exercise in the open air, my patients, in general, quickly recover their strength. But many practitioners set a value upon tonic medicines ; and the usual routine of practice demands them.

This exhibition of purgative medicines in chorea, is, I apprehend, countenanced by the practice of Sydenham and De Haen. It is probable, that the purgative medicine was the only useful one which Sydenham employed ; and that his protracted cures may be attributed to the interruption of the use of it, during the interposition of blood-letting, and of alterant and paregoric medicines.

De Haen, in the eighth chapter of his first volume of the *Ratio Medendi*, narrates a case, in the following words :—“ *Novem annorum puellam, cui post variolas morbillosque, primo tussis frequens, deinde sputum purulentum aderat, sputum demum plane cessabat, chorea Sancti Viti prehendit, sinistro potissimum brachio pedeque, ac diversimoda faciei convulsio. Bimestri spatio, adhibita vi electrica, pustulæ copiosæ, æque turpiter crustosæ, brachium et crus cingunt, interpolatis purgantibus, perfecta salus redivit.*”



By this treatment, which I have endeavoured to recommend, chorea is speedily cured, generally in ten days or a fortnight, from the commencement of the course of purgative medicines. I had lately two patients, Ann Rofs, and Elizabeth Webster, under my care, whose cases proved most obstinate; four or five weeks elapsed, before I could pronounce them in the way of recovery. The history of these cases is given in the Appendix, No. VII.

In the structure of the female pelvis, and in the previous duration of chorea, we may find the reason why it admits of a more or less difficult cure. When the disease is protracted, or when it occurs in girls, greater opportunity for the accumulation of feculent matter is afforded, than in more recent cases, or than where it attacks boys. Of course, a longer time, and brisker purgatives will be required to move, and expel the offending mass, in the former, than in the latter instances. This observation is aptly illustrated by the case of Elizabeth Webster, inserted in the Appendix, No. VII. This girl, after a protracted chorea was dismissed cured from the Infirmary, on the eleventh of June 1805, but through neglect, the disease returned, and she again became a patient on the third of February 1806; but the relapse having  
recently

recently occurred, the cure at this time was completed in ten days.

Since I have employed purgatives in chorea, I have been disappointed in effecting a cure, in one case only.

About three years ago I visited a young girl, who had been the victim of chorea for many weeks. The purgative medicines, which I administered, gave full evidence of a disordered, and loaded state of the intestines. My patient was not under proper management; my advice was followed in an irregular, and desultory manner, and the disease was protracted. After some time she was carried home to a considerable distance, and I understood a quack medicine was given to her with the best effects. To my regret, however, I saw her about a year ago in the same situation in which she had left me, and I then learned, that she had continued in this situation, during the whole of this interval.

During the exhibition of purgative medicines in chorea, practitioners will learn the propriety and necessity of inspecting the alvine evacuations. They are, in this important point, generally careless; the attendants, in sick rooms, are of course, ignorant on  
the

the subject, and cannot give the information necessary for their ascertaining the effect of purgative medicines, or for directing them respecting their dose, and frequency of repetition.

I have said that chorea consists of two stages, a circumstance which should induce those who have the superintendence of children to attend most carefully, at all times, to the state of their bowels. For the timely interposition of purgative medicines will be the best means of averting the accession of chorea, which is so formidable, and which, on some occasions, has been found so obstinate a complaint.

The caprice of children will often thwart us, and oblige us to employ purgatives, not because they are such as we would prefer, but because they are such as will be taken. I have in general used the purgative medicines in chorea, which I had found useful in marasmus.

I have inserted in the Appendix No. VII, the histories of some cases of chorea, which, while they illustrate the practice I have endeavoured to recommend, will, at the same time, shew the manner in which I have conducted it.



## CHAP. VII.

OBSERVATIONS ON THE UTILITY AND ADMINISTRATION OF  
PURGATIVE MEDICINES, IN HYSTERIA.

THE symptoms of hysteria are numerous, and being differently modified in different instances, they give a variety to the disease which is embarrassing to young practitioners.

The most common symptoms of hysteria, and those which are esteemed to be pathognomonic, are acute pain in the forehead, or over either orbit, which is confined to a small spot ; shifting pains of the abdomen, flatulence, constipation of the body ; sometimes, though rarely, vomiting and purging ; acrid  
and

and fetid eructations ; an irritable and occasionally a despondent state of mind ; unquiet sleep, which is frequently disturbed by incubus and frightful dreams.

Those symptoms produce the chronic state of hysteria, and predispose to the excitement of the more violent hysteric affections, of fits or convulsions. These fits sometimes attack suddenly, but are more frequently preceded by other symptoms which give warning of their approach ; such as a sense of oppression over the chest, palpitation of the heart, a dry cough, a copious flow of pale coloured urine ; and above all, by the sensation, as if a ball formed on the lower part of the belly, traversed the abdomen, ascended by the left side, and reached the stomach, and from it the œsophagus and larynx, producing difficult deglutition and sense of suffocation.

After this the patient falls down, and is violently agitated with convulsions of different muscles, particularly those of the abdomen, which is thereby greatly contracted and drawn inwards. This convulsive motion continues for some time, when sleep supervenes. From this sleep, the patient awakes sobbing and sighing, and with a murmuring noise through the abdomen, but most commonly without any recollection of what has passed during the fit. This  
fit

fit is frequently renewed for a length of time, in the same person, who enjoys tolerable health during the intervals.

Hysteria is more frequent and more severe in women than in men. Hence it has been thought, although erroneously, to be peculiar to females.

The period when it prevails most, is from puberty to the age of thirty-five. Women of a plethoric habit, or of what is called the sanguine temperament, are most commonly exposed to it; and in them it often accompanies the regular flow of the catamenia.

Slight causes readily induce hysteric paroxysms, in persons predisposed to them, such as fatigue, great and sudden evacuations, peculiar odours, and certain objects, which, either from a constitutional or acquired aversion, occasion unpleasant or uneasy sensations. Mental agitations also, from surprise, grief, joy, and other passions, are common exciting causes of hysteria. Here too the medical moralist again appears; but I believe that his insinuations, equally groundless and indelicate, exist only in his own prurient imagination.

I have



I have felt the necessity of premising this short history of a disease, which is indeed difficult to describe, because I shall refer to it in the subsequent part of this chapter.

Frequent disappointments in curing hysteria have led me to take a full, and I hope an impartial review of the subject. This review has inclined me to doubt the solidity of the opinions which have been entertained respecting hysteria, and the soundness of that uniform practice, which have been so long followed in the treatment of it.

Hysteria, as this name implies, has been conceived to proceed from affections of the uterus. Accordingly, suffocation of the womb, and effluvia from corrupted semen and depraved menstrual blood, are, by the suffrage of the ancient, and even of some of the more modern physicians, accounted to be its immediate cause.

Our countryman, Sydenham, who reasoned more than he seems to have been aware of, and often in a manner not very intelligible, in *dissertatione epistolari ad Gulielmum Cole*, speaks thus of hysteria. “Pendent ergo, affectiones istæ, quas in feminis hystericas, in maribus hypochondriacas insignire libet, quantum

ego judico, a spirituum animalium *αταξία* unde facto impetu in hanc illamve partem plus quam pro rata densi nimique feruntur, spasmos uti et dolorum excitantes ubi in partes sensu exquisito præditas irruunt, atque organorum, tum ejus in quod se ingerunt, tum istius a quo abscedunt, functiones pervertentes; cum utrumque ab hac tam iniqua partitione, quæ naturæ œconomiae penitus adversatur, haud parum detrimenti capiat.”

“ Satis itaque jam constat opinor, omnem hunc morbum ad spiritus animales non rite dispositos referri debere; nec a femine aut sanguine menstruo corruptis, quod asserunt nonnulli authores, et halitus malignos in partes affectas elevantibus, produci; nec affucorum nescio qua perversa depravatione, sive etiam humorum acrium congestione, ut alii volunt; sed ab iis quas modo assignavimus causis.”

To have quoted these passages, setting forth Sydenham's doctrine on this subject, is, *pace tanti viri*, to refute it. For indeed it is not easy to comprehend what Sydenham understands by the animal spirits; or in what manner they are impelled by rapid motion from one place or organ into another, so as to produce precisely the hysterical convulsion.

When the doctrines of the nervous pathology attracted the notice and admiration of the public, another opinion was formed of this disease.

Dr. Cullen in his first lines of the practice of physic, paragraphs MDXX, MDXXI, MDXXII, MDXXIII, says—"Having thus endeavoured to distinguish hysteria from every other disease, I shall now attempt its peculiar pathology. With respect to this, I think it will, in the first place, be obvious that its paroxysms begin by a convulsive and spasmodic affection of the alimentary canal, which is afterwards communicated to the brain, and to a great part of the nervous system. Although the disease appears to begin in the alimentary canal, yet the connexion which the paroxysms so often have with the menstrual flux, and with the diseases that depend on the state of the genitals, shows, that the physicians have at all times judged rightly in considering this disease as an affection of the uterus and other parts of the genital system."

"With regard to this, however, I can go no farther. In what manner the uterus, and in particular the ovaria are affected in this disease; how the affection of these is communicated, with particular circumstances



cumstances, to the alimentary canal ; or how the affection of this, rising upwards, affects the brain, so as to occasion the particular convulsions which occur in this disease, I cannot pretend to explain.”

“ But although I cannot trace this disease, to its first causes, or explain the whole of the phenomena, I hope that with respect to the general nature of the disease, I may form some general conclusions, which may serve to direct our conduct in the cure of it.”

“ Thus from a consideration of the predisponent and occasional causes, it will, I think, appear, that the chief part of the proximate cause, is a mobility of the system, depending generally upon its plethoric state.”

“ Whether this disease ever arises from a mobility of the system, independent of any plethoric state of it, I cannot positively determine ; but in many cases, that have subsisted for some time, it is evident that a sensibility, and consequently a mobility, are acquired, which often appear, when neither a general plethora can be supposed to subsist, nor an occasional turgescence to have happened. However, as we have shown above, that a distension of the vessels of the  
brain

brain seems to occasion epilepsy, and that a turgescence of the blood in the vessels of the lungs seems to produce asthma ; so analogy leads me to suppose, that a turgescence of blood in the uterus, or in other parts of the genital system, may occasion the spasmodic or convulsive motions which appear in hysteria. It will, at the same time, be evident, that this affection of the genitals must especially occur in plethoric habits ; and every circumstance mentioned in the history of the disease, serves to confirm this opinion, with respect to its proximate cause."

It is not without hesitation, that I oppose any opinions which Dr. Cullen's ingenuity has invented, and which his learning and celebrity have supported. But my observations respecting the influence of the uterine or genital system in hæmatemesis and chlorosis, and my conclusion from thence, that this influence, if it does exist, is not of that magnitude which is commonly supposed ; militate equally against the opinion that hysteria originates in this influence. I cannot, therefore, but consider Dr. Cullen's theory as resting more upon supposition and a consequent train of reasoning, than upon facts and experience ; and that it, therefore, now meets less attention, than it has commanded for many years.

There

There is a coincidence and similarity between the doctrine of Sydenham and that of Dr. Cullen, on the subject of hysteria. At least the *αταξία* or irregular motions of the animal spirits, as proposed by the former, appear to convey the same idea, as the sensibility and mobility of the system, proposed by the latter.

Setting aside, therefore, the antiquated notion of the suffocation of the womb, we may be said to have only one theory of this disease. A theory which has engrossed the attention of the speculative physician, and which has directed the conduct of the practitioner for upwards of a century.

But, although this coincidence may not be perceived or admitted by others; yet whatever difference, whether apparent or real, may exist between the opinions of Sydenham and Dr. Cullen, the practice of both, with some slight variations, is nearly the same. Fetid and antispasmodic medicines, are employed to alleviate the violence and shorten the duration of particular fits; bloodletting is not excluded from the practice of either in hysteria, but Sydenham is disposed to employ it more freely than Dr. Cullen. I do not perceive that Dr. Cullen anywhere mentions purgative medicines as proper in hysteria; Sydenham gives them previous to the exhibition

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hibition of other medicines, for three or four consecutive mornings. Dr. Cullen proposes to remove plethora, by a spare diet and regular exercise. While at the same time, he cautions us, that increased mobility may, on some occasions, proceed from inanition, when a fuller supply of nourishment is indicated.

For the rest, both these learned and justly celebrated men, treat hysteria with astringent stimulant and tonic medicines, in the view of restraining and regulating the irregular motion of the animal spirits, or of obviating the too great sensibility and mobility of the system; the cure of hysteria by this management, is often difficult, and generally tedious.

Physicians have had correct views with regard to the history and appearance of hysteria. But the peculiarity and violence of the fits, seem to have attracted all their thoughts, and prevented them from bestowing the necessary attention on other circumstances of the disease. For this reason, I premised a history of hysteria which does not differ from other histories, except in the arrangement of the symptoms, by which, those which precede the fit, those which accompany the fit, and those which immediately

immediately follow it, are clearly ascertained and distinguished.

From this history the reader will perceive that considerable derangement of the stomach and alimentary canal, is prevalent throughout the whole of the disease. Among the symptoms which mark the hysterical constitution, shifting pains of the abdomen, flatulence, constipation at one time, at another, vomiting and purging, together with acid and fetid eructations are conspicuous.

The sensation of a ball wandering through the abdomen, and ascending to the stomach, and from thence through the œsophagus to the pharynx, is a prominent symptom among those which immediately precede, and give warning of the approach of the fit.

Convulsive motions of the muscles of the abdomen, which is thereby greatly contracted and drawn inwards, accompany the paroxysm; upon the cessation of which, a murmuring noise throughout the abdomen, is frequently heard.

These symptoms undoubtedly must denote a preternatural affection of the stomach and alimentary canal.

canal. In my opinion they afford conclusive evidence, that this affection is primary, and that the other multifarious symptoms of hysteria depend upon it. I have, therefore, thought it reasonable to attend particularly to the state of the stomach and intestines, and to employ in the first place purgative medicines, to remove the constipation of the body, which most commonly prevails in hysteria. I have seldom seen vomiting and purging in cases of pure hysteria ; but the presence of these symptoms would not deter me from exhibiting purgatives, which I should conceive to be peculiarly adapted for their removal ; as the efficacy of purgatives in removing these symptoms in other circumstances of disease is well known, I was the more disposed to adopt this practice in hysteria, from my experience of its general safety and peculiar utility in other diseases, that are commonly supposed to be of a nervous nature.

I have not been disappointed in my expectations in thus treating hysteria, my success has been equal to my wishes, and the source of much satisfaction to me. Yet my experience is not so complete as to enable me to say to what extent purgatives may be employed in hysteria, exclusively of other medicines. Within certain limits, I accordingly call in the aid of fetid and tonic medicines ; but in my estimation, they are  
merely



merely subsidiary, and, on some occasions, might be altogether overlooked, as they were in the treatment of Sarah M<sup>c</sup>Millan and Isabell Black, whose cases are inserted in the Appendix, No. VIII.

In particular cases, where great anxiety prevails, recourse may be had to wine in moderate quantity, till such time as relief is obtained by purgatives.

I may add by way of caution, that in hysteria, as well as in chorea, chlorosis, and hæmatemesis, the full exhibition of active purgatives is necessary to procure even moderate evacuations from the bowels; and that this exhibition must be continued from day to day, till such time as the feces are natural, or till the disease ceases.

The first purgatives that we use, may seem on some occasions, to aggravate the symptoms; but the practice must not be deserted on this account. The additional irritation which purgatives may give in the first instance, soon passes away; and the perseverance in the use of them, removes that irritation which gave rise to the disease, which of course disappears in proportion, as the bowels are relieved of the oppressive mass of accumulated feces.

There are instances of counterfeited hysteria, when persons of a perverse turn of mind, or who wish to excite compassion, or solicit charity, often imitate the paroxysm of hysteria so exactly, as to deceive common observers. It is plain, that any remedy used in these cases must fail, so long as the imposter finds it convenient to carry on the deception. The practitioner, therefore, who proposes to adopt the use of purgative medicines in hysteria, ought previously to satisfy himself that the disease really exists; otherwise the failure of promoting a cure, as in feigned cases he must fail, will bring discredit on the practice, which having found useful, I have endeavoured to recommend.

I have subjoined in the Appendix, No. VIII, cases of hysteria which I have treated by purgatives;—to these I refer the reader, who will in them find a detail of my practice, and of my general mode of conducting it.

## CHAP. VIII.

## ON THE UTILITY OF PURGATIVE MEDICINES IN TETANUS.

TETANUS literally means a tension or spasm; and in a medical sense, implies a spasm of the muscular fibres. It affects most commonly the muscles which are subservient to voluntary motion. Tetanus has been described by many writers, from the time of Hippocrates downwards. But notwithstanding the attention which this singular disease has attracted, there have not been any certain means yet discovered, of relieving the misery which it occasions, or of obviating its fatal tendency.



Tetanus often approaches in a gradual manner ;— the first symptoms of the disease, appearing on many occasions, at a period more or less distant from the exposure to the cause which induces it.

On the attack, the patient usually complains of an uneasy sensation and small tenderness about the præcordia ; which is followed by stiffness of the hind neck and about the shoulders, and lassitude ; which make the attempt to move the head difficult and troublesome. The jaws become stiff, and cannot be opened without pain. The patient about this time feels a sudden and painful traction about the cartilago ensiformis, which tends towards the spine, with an aggravation of the above symptoms, and a drawing of the head backwards.

Thus circumstanced, the patient refuses nourishment, as deglutition is painful and excites a return of the spasms. The lower extremities are enfeebled and incapable of affording their usual support ; the pulse is slow and very hard, and the body is constipated.

The traction or spasm under the cartilago ensiformis, or the pain, as it appears to be, of the epigastrium, which is accounted the pathognomonic symptom of tetanus, becomes now more violent, and re-  
turns

turns every ten or fifteen minutes, and is instantly succeeded by a stronger retraction of the head, and great rigidity and pain around the neck, which extending in the course of the spine to the lower extremities, these are instantly put to the stretch. The jaws are at this moment locked together, and cannot afterwards be opened so wide as to receive the end of the little finger. The attempt to force them open hurries on the general spasm.

The muscles concerned in deglutition and the pectoral and deltoid muscles are most violently contracted. The shoulders are pushed forward; the arms are stretched out, or are drawn across the body; but the muscles moving the wrists and fingers are not affected with spasm. The cheeks are often drawn towards the ears, and the teeth are exposed as in the *spasmus cynicus*.

This paroxysm ceases in a few minutes, and leaves the patient in a comparatively relaxed and easy state. He breathes quick for some minutes as if he had been excessively exercised. The face is sometimes pale during the intervals of the spasm, but is oftener flushed, and is expressive of the most melancholy distress. Fluid passes with difficulty into the stomach, the attempt to swallow frequently induces the spasm,  
when

when the fluid is returned with some force through the nose.

Blood drawn at this time, appears to be of a dissolved texture ; the pulse varies in respect of quickness, fulness, and hardness ; the tongue is not loaded, the urine is high coloured ; and the body continues so constipated, that the alvine evacuation is procured with difficulty.

The disease is now advanced, and reduces the patient to the most distressful and calamitous state. He is as it were in a continual rack of torture ; as the spasm, hardly suspended for the space of a minute, is more severe on each attack and of longer duration. The contraction of the muscles is more general ; and according as one set of muscles is more strongly contracted than their antagonists, the body is forced into different and highly painful postures. The belly feels to be hard, it is flat and drawn inwards. The abdominal muscles do not yield on pressure, and do not seem to favour the descent of the diaphragm, in inspiration. The body is often projected with violence in different directions, and the patient is only secured from injury by the care of the attendants. *Genituræ jactura inopinata, sæpe sequitur tentiginem invitam.* The tongue is frequently



quently darted out of the mouth and miserably torn between the teeth.

The countenance is much contracted; copious sweat flows; the pulse becomes quick and irregular; respiration is variable, sometimes it is hurried and laborious, and again it is less so and natural. Articulation is indistinct; the sound of the voice is changed, it is grating and horrible to the ears. The heart throbs violently, and a palpitating motion is felt over the epigastric region. The eyes are watery and languid; the jaws are so fast locked, that drink or nourishment, even if they could be swallowed, cannot be introduced.

During this distressful progress, the comfort of sleep, as may well be imagined, is denied to the sufferer; what he may enjoy is short, interrupted and unrefreshing.

In this state, delirium and a mortal anxiety ensue. A continued and severe spasm often finishes the tragedy; but oftener a general convulsion brings life to a period. The patients, for the most part, are completely relaxed and sensible just before death.

Tetanus is a rapid disease ; its fatal termination generally takes place on the fourth or fifth day from the first attack. In some rare instances, when the disease is protracted for a few days more, a patient will accidentally survive ; and with care and attention make a slow recovery ; and in the course of some months, feel himself restored to a certain share of comfort and happiness.

Tetanus is a disease of every country, but it is much more frequent in warm than in temperate climates ; and in the warmer than in the cooler seasons of the year. People of all ages, and of both sexes are obnoxious to tetanus ; but it is said to be more prevalent in those of middle age, than in the old and the young ; in males than in females ; and in robust and vigorous people, than in the weak and the infirm.

Tetanus is known under different appellations, according as particular muscles are affected ; or according as one set of muscles, under a stronger spasm than their antagonists, give a particular curvature or posture to the body. Thus trismus, emprostotonos, and opisthotonos, denominate varieties, which are now recognised as constituting the generic disease called tetanus.

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I have taken this account of tetanus from the histories which have been given of it, by Dr. Hillary, in his observations on the epidemic diseases in the Island of Barbadoes ; and by Dr. Lionel Chalmers, in a communication printed in the first volume of the London Medical Observations and Enquiries.

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Authors mention a great many occasional causes of tetanus ; passions of the mind ; interrupted menstruation ; too copious evacuations, particularly such as happen in cholera morbus ; retrocedent gout and exanthemata ; putrid fevers ; and worms.

Hysteria, hypochondriasis and chorea have also, in the excess of their spasmodic affection, on some occasions, emulated the milder symptoms of tetanus, while at the same time they have retained their own generic character.

Tetanus, induced by the above mentioned causes, must be considered as a symptomatic disease ; and  
the



the cure must be conducted according to the indications which apply to the particular case.

I give a case of what I consider to be tetannic affection in the hysteria, in Appendix, No. IX.

I observed tetannic spasms in two cases of chorea, which I give in the Appendix No. VII. The one is the case of David Anderson, the other of Ann Ross. But I did not on this account change my opinion of the nature of their complaint; I proceeded to treat both patients as labouring under chorea.

Idiopathic tetanus is said to be owing, in the first place, to exposure to the vicissitudes of the atmosphere, as varying from hot to cold, and from dry to moist, when the body has been at the same time overheated by exercise, or by the warmth of the climate or season.

In the second place, wounds of the soft parts, whether severe or slight, are mentioned as occasional causes of tetanus;—which sometimes supervenes soon after the accident, but oftener at a distant period.

Thirdly, tetanus arises in children, from the retention of the meconium, or from the presence of other matters conveyed too early into the stomach  
under

under the form of nourishment ; in this case it is known by the name of *trismus nascentium*.

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I have remarked that in some of the diseases of which I have treated, physicians have disregarded the general history of diseases, and have confined their attention too much to the consideration of a single symptom ; and have thereby committed mistakes both in theory and practice. In my apprehension, tetanus affords another instance of the bad effects which arise from a limited or perhaps erroneous view of a disease.

From the days of Hippocrates to the present time, the agonizing spasms, the prominent symptom of tetanus, have arrested the notice of every one. To resolve the spasm and to cure the disease, seem to have been conceived to be one and the same thing. Accordingly, opium, musk, warm-bathing, cold-bathing, and mercury, the most powerful of the anti-spasmodic remedies, have been chiefly employed in

4. tetanus

tetanus. They have been recommended by the earlier writers ; and their praises have been re-echoed by succeeding practitioners. But what claim have these medicines to be extolled ; have they mitigated the severity of tetanus, or obviated its fatal tendency ? The records of physic bear a sad testimony in the negative.

It is unnecessary to enter upon a minute detail of the specious practice by antispasmodics in tetanus ; such a detail might, indeed, afford an opportunity of shewing that some of them may be productive of mischievous effects. Dr. Hillary has observed, that instantaneous death has followed warm bathing in tetanus.—And I greatly suspect, that the after consequence of the high and frequently repeated doses of opium which many authors recommend, and which neither alleviate pain nor induce sleep, must be injurious. But such discussions as these, might be thought to be invidious, while they would lead to no useful inference.

However just the foregoing observations may be, I should yet have been sorry to have advanced any thing to shake the tottering fabric of medical practice in tetanus, unless I thought it were in my power to substitute a practice more efficacious, originating  
in



in other views of the disease. These, I apprehend, will warrant the expectation of considerable benefit from the full and free exhibition of purgative medicines. This opinion is supported by the following considerations :

In the first place, it appears from the history of tetanus, that it often approaches in a gradual manner ; hence it is probable, that the attack is generally preceded by symptoms of bad health, although these may not be always observed. We also learn from the history, that an uneasy sensation or tenseness about the præcordia is among the first symptoms, and is at the same time a permanent one of tetanus ; and that as this is aggravated, all the other spasms are increased in the frequency and severity of their attack. The history farther shews that the body is obstinately constipated throughout the whole of the disease.

These circumstances which present themselves with great uniformity, make it exceedingly probable, that the functions of the stomach and intestines are materially deranged, previous to the attack, and during the prevalence of tetanus ; and point out the propriety of using purgative medicines in the treatment of it.

In the second place, the influence of exposure to long continued heat, on the biliary system is ascertained ; and it is well known that the diseases thence arising, such as bilious or yellow fever, cholera, and dysentery, are accompanied with great stomachic distress, as marked by sickness, vomiting and thirst. It is probable, therefore, that tetanus appearing under similar circumstances of exposure to heat, must also be accompanied with similar derangement of the biliary system, and of the stomach and intestines, which will excite a predisposition to the disease.

In the third place, I have proved that chorea and hysteria, both of them convulsive or spasmodic diseases, are accompanied with disorders of the stomach and bowels, and with costiveness ; and that these diseases have, in a great number of instances, been relieved, if not cured, by a due perseverance in the use of purgatives. I infer, therefore, that tetanus, a spasmodic disease, and accompanied with costiveness, may also be relieved, if not cured, by a proper administration of the same remedies.

In the fourth place, I adduce, from the practice of others, presumptive evidence of the utility of giving purgative medicines in tetanus. These medicines have not been altogether excluded from medical  
practice

practice in this disease ; but they have been exhibited with a secondary view only ; while little or no attention has been paid to their effect ; for in some few instances, they appear to have been useful, without their good effects having been so much as suspected or acknowledged.

Dr. Wright revived the practice of cold bathing in tetanus, about forty years ago. In the sixth volume of the London Medical Observations and Enquiries, he gives an account of six cases successfully treated, in Jamaica, by the affusion of cold water.

In the two first patients, a natural stool was voided soon after the affusion of the water ; a frequent consequence of similar applications to the surface of the body. The third patient had a cooling purge before the cold water was used ; and attention had been paid to the state of the belly of the fourth patient, previous to the affusion of the water. No notice is taken of the state of the bowels of the fifth and sixth patients. Thus, it is probable, that the salutary termination of four of these cases, adduced in proof of the utility of cold bathing in tetanus, was in a great measure owing to the open state of the body.



Dr. Thomas Cochrane practised medicine in the Island of Nevis upwards of thirty years ago. A communication from him, "On the use of cold-bathing in the cure of tetanus," is printed in the third volume of the Edinburgh Medical and Philosophical Commentaries. The narrative bears, that the subject of the experiment opened his jaws pretty freely, and walked tolerably upright in a few days, from the first affusion of the cold water. It also bears, that on the first attack, a dose of castor oil procured several stools; and that glysters and gentle laxatives were frequently given. I am therefore led to a conclusion which did not occur to Dr. Cochrane, that the cure effected in this case, was owing, in a great measure, to the preservation of the open state of the body throughout the course of the disease.

Dr. Monro gives a communication, which is printed in the third volume of the Edinburgh Literary Essays and Observations, in illustration "of the usefulness of mercury in convulsive disorders." The case to which the Doctor's observations refer, is of tetanus, supposed to have proceeded from a wound.

The mercury was not used till three weeks after the attack of the spasm; when, from its protracted state,

state, the disease may have been supposed to have yielded, and the patient to have been in the way of recovery. The spasms appear to have remitted in about six and thirty hours from the first application of the mercurial ointment, and before it could have made any material impression on the habit. On the other hand, several purgatives were given in the beginning of the disease, occasional glysters were thrown up during its course, and laxative ptisans were exhibited in its decline. To the former, therefore, while the effects of the mercury were hardly to be perceived, I am inclined to assign the protraction of the disease in the first instance, and to the latter its happy termination.

In the fifth place, the utility of purgatives in the treatment of tetanus, appears to be established by the direct and useful employment of them in the disease. Dr. Hillary and Dr. Lionel Chalmers have clearly shown, that in *trismus nascentium*, purgative medicines, if exhibited early, dislodge a great quantity of unnatural matter that seems to have been collected in the stomach and intestines; arrest the formation and progress of the disease, which, previous to the adoption of this practice, had, like tetanus, in other instances, proved too generally fatal.

Laſtly, I adduce proofs from my own practice, of the good effects of purgative medicines, in what appeared to me to have been inſtances of incipient tetanus ; theſe proofs, tranſcribed from the records of the Royal Infirmary, are inſerted in No. IX. of the Appendix.

It will not be eaſy to account, upon the principle of derangement of the ſtomach and inteſtines inducing tetanus, for its appearing as the conſequence of wounds. But without entering upon any argument on this ſubject, I will juſt obſerve, that when the attack of tetanus is long poſterior to the accident, it is probable that derangement of the ſtomach, alſo ſubſequent to the accident, may be the cauſe of the diſeaſe ; and that when tetanus follows the injury immediately, and when exciſion, ſcarification and cauterizing of the wounded part have failed of procuring relief, and they almoſt always fail ; I would in both inſtances reſort to the uſe of purgatives, rather than to that of antipariſtic medicines which have ſo often diſappointed our hopes. If I am not miſtaken, in the view which I have taken of the communication from Dr. Monro, it affords an inſtance of the utility of purgatives in tetanus from wounds.

Such



Such are the facts, and such the reasoning, on which I rest the probable utility of purgative medicines in tetanus. Every one will judge of, and appreciate them for himself.

It would have been more agreeable to me, however, to have withheld my sentiments on this subject, till such time as I had brought them to the test of experience. But living in the 55th degree of northern latitude, and advancing in life, I have no prospect of meeting with proper opportunities of doing so. And although these speculations may not be confirmed by the experience of others; yet I trust they will at least display a sincere desire, on my part, to promote and extend the usefulness of practical medicine.

## CHAP. IX.

OBSERVATIONS ON THE UTILITY AND ADMINISTRATION OF  
PURGATIVE MEDICINES IN SOME CHRONIC DISEASES.

I HAVE not ascertained in how many various diseases purgative medicines may be employed with advantage, but I believe the range of their utility is greater than is commonly imagined.

I formerly remarked, that in mature age, and in the decline of life, morbid symptoms which are attributed to previous irregularities, to idiosyncrasy, to hereditary disposition to disease, and to approaching old age, frequently arise from constipation of the bowels, or are intimately connected with it. These  
symptoms

symptoms generally constitute chronic diseases, which are known under different names, and for the cure of which, the use of mineral waters is frequently recommended.

In the prosecution of this advice, the necessary change of scene and of air that takes place, the exercise of the body, the abstraction of the mind from the cares attendant on business, the interruption of an uniform train of thought and attention, and the escape, on some occasions, from ennui, are circumstances, which doubtless, co-operate with the beneficial effects of the mineral waters.

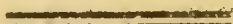
These waters appear to be useful in several diseases, nearly in proportion to their purgative quality; by means of which, regularity of the obstructed bowels is restored, and a competent share of health is established.

I have been disposed to think, that people, in similar circumstances of disease, but whom business, or pecuniary considerations detain at home, reap benefit from purgative medicines, nearly equal to that which purgative mineral waters impart. In confirmation of this opinion, I give a few cases from the records



records of the Royal Infirmary ; they will be found in the tenth number of the Appendix.

In conducting the cure of diseases of this description, in aid of purgative medicines, I have experienced the utility of the warm bath on some occasions, and of mercury on others. But I am not prepared to give my sentiments at large on this subject ; my avocations do not permit me to arrange them so as they might meet the public eye.



I have thus endeavoured to accomplish what I proposed, by showing that purgative medicines may be used more freely than has been commonly imagined ; and used, not only with safety, but with evident and decided advantage.

Here I must again solicit the reader's attention to two circumstances of great importance, in the treatment of diseases, by the use of purgative medicines.

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The first is, the regular and accurate examination of every alvine evacuation. The second is, the steady exhibition of the purgative medicine, so as to procure daily its full effect, during the continuance of the disease for which it is given.

By the inspection, we ascertain the nature of the alvine discharge; a knowledge of which, together with a few other circumstances, enables us to form a probable conjecture, with regard to the duration of the disease, regulates the strength of each dose of the purgative, and determines the frequency of the repetition of it. Without this inspection, we will be constantly deceived, through the ignorance or inattention of our patients, or of their attendants.

By the second circumstance, the steady exhibition of the purgative medicines, we ensure the success of the practice, in the diseases under consideration. The puny and debilitated state of the sufferer may, on some occasions, excite alarm even in the breast of the practitioner; and the caprice of his patient, and the whims of relatives, may throw obstacles in his way. But these he must disregard; for unless he can suppress his own improper feelings, and overcome the unreasonable objections of others, he had better not adopt measures, which, to prove successful,

ful, must be conducted with decision and firmness. A contrary conduct will not avail ; but, on the other hand, it will assuredly terminate in the vexation of the practitioner, the disappointment of the patient and relatives, and in the discredit of that practice, which, from a conviction of its utility, it has been my wish and study to recommend.

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If some of the diseases of which I have treated be cured, almost solely by the operation of purgatives ; and if this cure be effected more or less speedily, in proportion to the length of time, that constipation, and the changed nature of the feces have subsisted ; I am persuaded, that, by preserving at all times the regular alvine evacuation, we will prevent the formation of those diseases altogether. If these expectations be not too sanguine, it is likely, that, by these means, the marasmus and hæmatemesis of which I have spoken, and chorea, and chlorosis, will rarely, if ever, appear. In my opinion, therefore, it would be a matter of public utility, to have these observations diffused widely among all ranks and descriptions of people, through the medium of their medical



dical advisers ; who will recollect, that their paramount duty is, to prevent diseases ; and, if that object be unattainable, their next duty is, to remove unavoidable pain and sickness.

To conclude, the reader must have observed the useful effects of purgative medicines, in diseases apparently different, and incident to people at various periods of life. The facts are undeniable, and serve to prove the extent and importance of the subject ; but of these I do not feel it to be incumbent on me to give any explanation at present, as such an attempt seems to be premature. I am satisfied to have established certain leading facts, and to have opened views, which, if properly prosecuted, must give an opportunity to collect many more, and to extend our knowledge respecting the operation of purgative medicines.



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# APPENDIX.

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## APPENDIX,

## No. I.

THE fluctuating state of the nomenclature of the materia medica, and of pharmaceutical preparations, will explain why several old names and titles of both, are found in the more early cases, contained in this Appendix. And indeed, such occasionally appear in more recent cases; the force of habit, and the dread of committing mistakes, while my attention is occupied by the variety of hospital business, have occasioned this deviation from the punctilious formality of prescription.

On these accounts, and consulting the accommodation of the reader, I insert in this number of the Appendix, tables of reference, from the older to the newer, and from the newer to the older names, of

such medicines, as are mentioned in the following cases.

The reader will also find another table, which comprehends the formulæ of the compounded medicines which are prescribed in the same cases, and which are peculiar to the Pharmacopœia of the Royal Infirmary. As this Pharmacopœia is not in every one's hands, this table becomes the more necessary.



## TABULÆ,

QUÆ DESIGNANT NOMENCLATURAM NOVAM MEDICAMINUM,  
QUÆ REPERIUNTUR IN HOCCE LIBELLO.

*Tabula prima exponit medicaminum titulos priores et posteriores.*

TITULI PRIORES.	TITULI POSTERIORES.
Alkali fixum vegetabile purifi- catum - - -	} Carbonas potassæ.
Ammonia preparata -	
Antimonium tartarifatum -	Carbonas ammoniæ.
Asafœtida - -	Tartris antimonii.
Bolus jalapæ cum mercurio -	} Gummi refina ferulæ assæ fæ- tidæ,
Calomelas - - -	
Chrystalli tartari - -	Bolus jalapæ compositus.
Cornu cervi - -	Submurias hydrargyri
Cremor tartari - -	Supertartris potassæ.
Extractum catharticum -	Carbonas ammoniæ.
Extractum colocynthidis com- positum - -	Supertartris potassæ.
Glycirrhiza - -	} Pilulæ aloes cum colocynthide.
Hydrargyrus precipitatus cine- reus - - -	
Jalapa - - -	Glycirrhiza glabra.
Laudanum - -	} Oxydum hydrargyri cinereum.
Limon - - -	
Linum - - -	Convolvulus Jalapa.
Lixiva purificata - -	Tinctura opii.
Lixivium causticum -	Citrus medica.
Magnesia alba - -	Linum usitatissimum
Magnesia usta - -	Carbonas potassæ.
Magnesia vitriolata -	Aqua potassæ.
	Carbonas magnesiæ.
	Magnesia.
	Sulphas magnesiæ.
	Mercurius



## TABULA SECUNDA

EXPONIT MEDICAMINUM TITULOS POSTERIORES, ET  
PRIORES.

TITULI POSTERIORES.		TITULI PRIORES.	
Aqua acetitis ammoniæ	-	Spiritus Mindereri.	
Aqua potassæ	-	Lixivium causticum.	
Bolus jalapæ compositus	-	Bolus jalapæ, cum mercurio.	
Carbonas ammoniæ	-	Ammonia preparata.	
Carbonas magnesiæ	-	Magnesia alba.	
Carbonas potassæ	-	{ Lixiva purificata. Alkali fixum vegetabile purifi- catum.	
Cassia fenna	-		Senna.
Citrus medica	-	Limon.	
Convolvulus jalapa	-	Jalapa.	
Glycirrhiza glabra	-	Glycirrhiza.	
Gummi resina ferulæ affæcti- dæ	-	{ Affafætida.	
Laudanum	-		Tinctura opii
Linum usitatissimum	-	Linum.	
Magnesia	-	Magnesia usta.	
Myrtus pimenta	-	Pimenta.	
Oxydum ferri nigrum purifica- tum	-	{ Squamæ ferri purificatæ.	
Oxydum hydrargyri cinereum	-		Mercurius cinereus.
Phosphas fodæ	-	{ Hydrargyrus præcipitatus ci- nereus.	
Pilulæ aloes cum colocynthide	-		Soda phosphorata.
Pilulæ rhei compositæ	-	{ Extractum catharticum. Extractum colocynthidis com- positum.	
Potio carbonatis calcis	-		Pilulæ stomachicæ.
Submurias hydrargyri	-	Potio cretacea.	
		Calomelas, mercurius dulcis.	
	K 3	Sulphas	



Sulphas magnesiæ	-	-	Sal catharticus amarus.
Sulphas potassæ	-	-	Tartarum vitriolatum.
Sulphas fodæ	-	-	{ Sal Glauberi.
			{ Soda vitriolata.
Supertartris potassæ	-	-	{ Crytalli tartari.
			{ Cremor tartari.
Tartris antimonii	-	-	{ Antimonium tartarifatum.
			{ Tartarus emeticus.
Tartris fodæ et potassæ	-	-	{ Sal rupellenfis.
			{ Soda tartarifata.
Tinctura convolvuli jalapæ	-	-	Tinctura jalapæ.
Tinctura opii	-	-	{ Laudanum.
			{ Tinctura thebaica.

## TABULA,

QUA, INNOTESCUNT FORMULÆ MEDICAMINUM COMPOSIT-  
TORUM, QUORUM MENTIO FIT IN HISCE PAGINIS, ET  
QUÆ PHARMACOPOEIÆ NOSOCOMII REGII EDINENSIS,  
PROPRIA SUNT.

## BOLUS Jalapæ Compositus.

*Recipe—Pulveris radice convolvuli jalapæ, grana quindecim,  
Calomelanos, grana quinque,  
Conservae rosæ Gallicæ, quantum satis sit.*

## DECOCTUM Furfuris.

*Recipe—Furfuris uncias duas,  
Aquæ fontanæ libras duodecim,  
Coque ad libras novem, cum subsederint feces, elu-  
triandas.*

## ENEMA Domesticum.

*Recipe—Muriatis sodæ unciam dimidiam,  
Olei napi silvestris unciam,  
Aquæ tepidæ libram. Misce.*

## ENEMA Fœtidum.

*Recipe—Gummi resinæ ferulæ assæ fœtidæ drachmas duas,  
Aquæ tepidæ uncias decem. Solve.*

## ENEMA Purgans.

*Recipe—Foliorum cassiæ sennæ drachmas tres,  
Sulphatis sodæ unciam,  
Aquæ fervidæ libram.  
Infunde et cola.*

## HAUSTUS Anodynus.

*Recipe—Tincturæ opii guttas viginti quinque,  
Aquæ fontanæ unciam,  
Syrupi simplicis drachmas duas. Misce.*

## HAUSTUS ex oleo Ricini.

*Recipe—Olei ricini unciam dimidiam,  
Aquæ distillatæ unciam,  
Spiritus myrti pimentæ drachmam,  
Aquæ potassæ guttas viginti. Misce.*

## HAUSTUS salinus effervescent.

*Recipe—Carbonatis potassæ purificati scrupulos quatuor,  
Aquæ fontanæ uncias quatuor. Solve, et cum subsederint feces, cola.*

*Recipe—Succus citri medicæ uncias duas,  
Syrupi simplicis,  
Aquæ fontanæ, utriusque unciam. Misce.*

*Utriusque*



*Utriusque mixturæ uncia detur pro dosi ; solutione carbonatis potassæ prius sumpta, mistura è succo citri medicæ, illico porrigenda est.*

### INFUSUM cassiæ fennæ.

*Recipe—Foliorum cassiæ fennæ unciam et dimidiam,  
Seminum coriandri sativi contusorum unciam et dimidiam,  
Supertartritis potassæ drachmas duas,  
Aquæ fontanæ libram.  
Supertartritē potassæ in aqua coquendo solve ; deinde liquorem adhuc ferventem fennæ et seminibus affunde ; macera per horam in vase aperto, et frigefactum cola.*

### INFUSUM lini usitatissimi.

*Recipe—Seminum lini usitatissimi uncias duas,  
Radiciis glycyrrhizæ glabræ unciam dimidiam,  
Aquæ ferventis libras quatuor.  
Infunde ad focum per horas aliquot, et cola.*

### MISTURA corticis Peruvianæ aromatica : vel mistura cinchonæ officinalis aromatica.

*Recipe—Pulveris corticis cinchonæ unciam dimidiam,  
Mucilaginis mimosæ niloticæ uncias duas. Tere simul  
et paulatim adde  
Aquæ fontanæ uncias quinque,  
Tincturæ lauri cassiæ unciam unam et dimidiam. Misce.*

## MISTURA diaphoretica antimonialis.

*Recipe—Aquæ fontanæ uncias quinque et dimidiam,  
Sacchari purificati drachmam unam et dimidiam,  
Vini tartritis antimonii drachmas duas,  
Tincturæ opii guttas triginta. Misce.*

## MISTURA diaphoretica salina,

*Recipe—Aquæ fontanæ uncias quatuor,  
Sacchari purificati drachmas tres,  
Carbonatis ammoniæ præparatæ grana decem. Solve  
et adde  
Aquæ acetitis ammoniæ uncias tres,  
Spiritus myrti pimentæ drachmas duas. Misce.*

## MISTURA mucilaginosa.

*Recipe—Decocti altheæ officinalis uncias quatuor,  
Syrupi simplicis unciam dimidiam. Misce.*

## MISTURA salina ammoniata.

*Recipe—Carbonatis ammoniæ præparatæ drachmam dimidiam,  
Succi citri medici, scrupulos duos,  
Aquæ lauri cassiæ uncias tres,  
Sacchari purificati, unciam dimidiam. Misce.*

## POTUS acidus vegetabilis.

*Recipe—Decocti farfuris libras duas,  
Supertartritis potassie scrupulos quatuor,  
Syrupi simplicis unciam. Misce.*

## SOLUTIO gummi resinæ ferulæ assæ foetidæ.

*Recipe—Gummi resinæ ferulæ assæ foetidæ drachmas quatuor,  
Aquæ fervidæ, uncias viginti quatuor. Solve.*



## APPENDIX,

No. II.

## CASES OF FEVER.

*Royal Infirmary, Aug. 21st 1796.**JOHN DENHAM, Ætatis 11.*

COMPLAINS much of headach—vertigo—general uneasiness and sickness.

Pulse 120—skin very hot—tongue loaded—much thirst—belly rather flow—no appetite—indifferent nights.

Complaints began on the 18th current.

He had an emetic on the 19th, with some temporary relief.

*Injiciatur enema domesticum.*

*Aug. 22d.* One stool—restless during night—skin dry, and of a pungent heat—tongue loaded—pulse about 120, and full—abdomen feels tense, and is painful.

*Recipe—Mercurii dulcis,  
Pulveris jalapæ,  
Sacchari albi, aa grana tria.*

*Tere in pulverem, quam primum sumendum.*

Toast and water for drink.

——— 23d. A bad night, with delirium—skin continues hot—tongue more loaded—pulse towards 120, less full—much thirst—two scanty stools.

*Injiciantur quam primum enematis domestici uncie decem.*

*Recipe—Foliorum Sennæ drachmam unam,  
Extracti glycyrrhizæ drachmam dimidiam,  
Aquæ fervidæ uncias octo.*

*Sit infusum duabus vicibus sumendum.*

——— 24th. A better night, with less delirium—skin less pungently hot—pulse about 120, and soft—tongue less loaded, and moist—complains of head-ach—considerable thirst—a copious stool from the injection—another since taking the physic—belly seems somewhat distended; he complains on its being pressed.

*Repetatur*

*Repetatur enema domesticum vespere, et habeat haustum, cum tincturæ thebaicæ guttis quindecim.*

*August 25th.* Easy during the first part of the night—restless with delirium since morning—belly more distended, and pained on pressure—tongue more loaded and parched—a loose feculent stool after the injection—a similar one since morning, which, as well as the urine, has been voided without notice—pulse about 120, of middling strength—skin moderately cool.

*Recipe—Aquæ uncias quatuor,  
Magneſiæ uſſæ drachmam unam,  
Sacchari drachmam dimidiam.*

*Sit miſtura cujus ſumatur uncia dimidia, omni hora.*

*Repetatur haſtus anodynus vespere.*

— 26th. Three stools since yesterday—the first of a natural appearance, the two last watery and greenish—a lumbricus has been voided—fulness and pain of abdomen much abated—skin cool—tongue clean—pulse about 90, feeble—mixture used—a good night.

*Repetatur miſtura cum magneſia necnon haſtus vespere.*

*August 27th* Two loose and green coloured stools voided in bed since yesterday—fulness of abdomen gone—no complaint on pressure—tongue clean—



pulse about 80, tolerably firm—skin cool—sensible to the stimulus of urine—a good night—appetite returning.

*Continuentur haustus, et mistura cum magnesia.*

—— 28th. Is at present asleep—he has had a good night. Two stools not passed in bed—some food taken this morning.

*Continuentur haustus, et mistura.*

—— 19th. No stool—a good night—now asleep—appetite improving.

*Continuetur mistura e magnesia.*

*Omittatur haustus anodynus.*

*Habeat jusculi bovini libram unam, indies.*

—— 31st. Another lumbricus, of a large size, voided since yesterday—belly regular—pulse about 80 and soft—tongue clean—appetite good—an easy night.

*Continuetur magnesia alba.*

Sept. 10th. Gradual convalescence:

Dismissed cured.

*Royal Infirmary, Aug. 31st, 1796.*

*JAMES M'KECHNY, Ætatis 20,*

Complains of headach, pain in his back, general uneasiness and sickness.

Has at times a slight cough, but no particular uneasiness about his breast.

Belly regular—considerable thirst—tongue white—pulse 110, pretty full—skin hot—tolerable nights.

Complaints began nine or ten days ago, and have been frequently attended with shivering.

Has used no medicines.

*Sept. 1st. Sumat pulveris jalapæ compositi drachmam dimidiam.  
Habeat decoctum furfuris pro potu.*

—— 2d. Headach abated—cough and thirst continue—pulse about 100—an indifferent night—as yet no stool.

*Repetatur quam primum pulvis jalapæ compositus.  
Habeat vespere si opus sit enema domesticum.  
Haustum anodynum hora somni.*

*Sept.*

*Sept. 5th* Free passage of belly previous to the injection—headach and cough gone—pulse calm—appetite returning.

—— 6th. Convalescent.  
Full diet.

—— 10th Dismissed cured.



*Royal Infirmary, Sept. 29th. 1796.*

*ROBERT GRANT, Ætatis 21.*

Complains of headach—vertigo—nausea—chilly fits, succeeded by heat and sweating, great uneasiness and oppression, much thirst, and loss of appetite.

Pulse 96—tongue very foul—skin at present moist—belly regular—sleeps indifferently—on the 19th after exposure to cold, while on guard in the night time, was seized with headach, coldness, shivering, and prostration of strength; he has continued daily worse since that time, although he took an emetic on the 20th.

*Sept. 30th.* Febrile symptoms continue—pulse about 90, somewhat full—tongue pretty clean and moist—a stool in the course of yesterday.

*Recipe—Pulveris jalapæ grana decem,*

*Mercurii dulcis grana tria. Sit pulvis quam primum  
sumendus.*

*Potum acidum vegetabilem, ad libitum.*

*October 1st.* Two copious stools, after an injection  
in

in the evening—febrile symptoms much abated—  
skin moist—pulse calm.

*October* 2d. Convalescent.

Full diet.

—— 12th. Dismissed cured.

*Royal Infirmary, Sept. 5th. 1796.*

*JONATHAN GREEN, Ætatis 22.*

Complains of headach, pain of back, general uneasiness, and sickness.

Pulse 96—skin cool—tongue white—thirst natural—belly rather loose—appetite bad—urine high coloured—sleeps ill.

Complaints began yesterday, with shivering, followed by increased heat and sweating—attributes them to cold and wet, being exposed to the rain, for a considerable time on Saturday last 3d current.

Has used no medicines.

*Sept. 6th. Habeat quum primum*

*Vini ipecacuanhæ unciam unam pro emetico. Cras mane*

*Pulveris jalapæ compositi drachmam dimidiam.*

—— 7th. Full vomiting—febrile symptoms abated—pulse calm—three stools.

Full diet.

—— 10th. Aggravation of headach, with feebleness and languor—pulse about 120—belly slow.

*Habeat*



*Habeat quam primum, pulveris jalapæ compositi scrupulos duos.*

Low diet.

Sept. 11th. As yet no stool—headach continues—pulse about 100, rather feeble.

*Habeat vespere,*

*Enema domesticum, et ni plene responderit alvus, pulveris jalapæ compositi drachmam unam cras mane.*

—— 12th. One stool by the injection—four by the physic this morning—headach relieved, and countenance lightened.

—— 13th. Frequent scanty stools, since yesterday, with gripes and tenesmus—much thirst—tongue white—pulse about 100.

*Recipe—Sodæ tartarifatæ drachmas sex,*

*Aquæ uncias duodecim.*

*Sit solutio quam primum, duabus vicibus sumenda.*

*Habeat haustum anodynum vespere.*

Toast and water for drink.

—— 14th. Gripes and purging gone—tongue white, rather loaded—pulse about 90.

*Repetatur cras mane solutio sodæ tartarifatæ.*

—— 16th. Convalescent.

Full diet.

Sept. 19th. Slight headach at times—belly open pulse about 90.

*Habeat potionis cretaceæ unciam unam ter de die.*

—— 21st. Belly regular—slight headach continues.

*Sumat pulveris corticis Peruvianæ drachmam dimidiam quater indies.*

*Intermittatur potio cretacea.*

—— 26th. Headach gone—belly regular.  
Dismissed cured.

*Royal Infirmary, April 19th. 1798.*

*DONALD WATSON, Ætatis 23.*

Complains of severe pain in his head, with general forenefs—pulse about 90—tongue white—thirst considerable—appetite impaired—no stool since the 16th instant, on which day his complaints began with shivering.

*Recipe — Mercurii dulcis grana quinque,  
Pulveris jalapæ grana duodecim,  
Sit pulvis quam primum sumendus.*

*April 20th.* Two stools—tongue loaded—pulse towards 108, and full—thirst moderate—a tolerable night, and still disposed to sleep.

*Cras mane repetatur pulvis e mercurio dulci et jalapa.*

— 21st. Another stool in the evening—none since the exhibition of the powder—headach continues—pulse about 90, and soft—tongue still loaded.

*Habeat, si opus fit, enema domesticum vespere.*

— 22d. Three scanty stools in the course of  
L 4 yesterday



yesterday—headach relieved—tongue less loaded—  
skin cool and moist—pulse calm—a good night.

*Cras mane habeat pulveris jalapæ compositi drachmam unam.*

*April 23d.* A good night—several stools—tongue  
clean—pulse calm.

—— 27th. Convalescent. Full diet.

Dismissed cured

*Royal Infirmary, April 20th. 1798.*

*JAMES DENNET, Ætatis 12.*

Complains of pain in his head, and in his belly—of vertigo—great sickness, and occasional vomiting—pulse about 100—tongue white—considerable thirst—appetite impaired—belly bound. These symptoms commenced with shivering on the 16th, and he had been exposed to the contagion of fever.

*April 21st.*—A natural stool—no recurrence of vomiting—headach and sickness continue—pulse about 120—skin hot.

*Habeat pulveris jalapæ compositi scrupulum.*

*Haustum cum tincturæ thebaicæ guttis quindecim hora somni.*

—— 22d. Headach and sickness relieved—tongue clean and moist—pulse quick and feeble—two stools previous to giving the powder, and two since---a good night.

*Habeat misturæ diaphoreticæ salinæ unciam tertia quaque hora.*

*Repetatur haustus, hora somni.*

—— 23d. A good night—still disposed to sleep—free of complaint.

*Omitatur haustus.*

*April*

*April* 24th. Gripes in the course of yesterday—two stools since morning, fifteen grains of compound powder of jalap being given—pulse quick—skin warm—tongue white—still drowsy—gripes continue.

*Habeat vini ipecacuanhæ drachmas sex, pro emetico.*

——25th. Two dark coloured stools—no vomiting—gripes gone—a quiet night.

——30th. Convalescent. Full diet.

*May* 11th. Dismissed cured.



*Royal Infirmary, May 17th. 1798.*

*JAMES GRANT, Ætatis 18.*

Complains of great pain in the umbilical and epigastric regions ; of severe headach and much sickness, with general uneasiness and lassitude. His internal fauces are painful, and there is an eruption of reddish spots over his face and most of his body. Pulse about 90—belly flow—appetite impaired—tongue rather white—has great thirst.

On the 12th current he was affected with shivering ; the spots appeared about the 15th, and have been increasing since that time ; the affection of his throat has likewise been increasing. He had been recovered eight days from a febrile attack, which had continued for a fortnight without any eruption.

He took an emetic on the 13th, which relieved in some degree the pain of his head. He took also some pills on the 15th, which acted as a laxative.

*Habeat enema purgans.*

*May 18th.* Pain of abdomen, affection of internal fauces, and eruption continue—skin moderately warm—pulse about 80, and soft—a coltive stool.

*Habeat*

*Habeat quam primum,*

*Pulveris jalapæ,*

*Mercurii dulcis, utriusque grana sex.*

*Potum acidum vegetabilem ad libitum.*

May 19th. A costive stool in the evening, after an injection—pain of abdomen, affection of throat, and eruption, stationary—tongue loaded—much thirst—pungent heat of skin—pulse about 80.

*Recipe—Sodæ vitriolatæ drachmas sex,*

*Sacchari drachmas duas,*

*Crystallorum tartari,*

*Foliorum sennæ, utriusque drachmam,*

*Aquæ fervidæ uncias sedecim.*

*Fiat infusum, quam primum sumendum.—Tegantur fauces pan-  
no laneo.*

——20th. Complaints stationary—a bad night—tongue still loaded—with thirst—skin cooler—pulse about 80—four dark coloured stools.

*Habeat haustum anodynum vespere.*

*Cras mane infusi sennæ unciam et dimidiam.*

*Seri vinosi libras duas, partitis vicibus indies.*

——21st. Pain of abdomen is abated—that of internal fauces, which appear considerably inflamed, continues—eruption, copious on the face, is less frequent on the rest of the body—heat of skin again more pungent—pulse about 100—thirst urgent—no stool—indifferent night.

*Habeat si opus sit enema domesticum.*

May

May 22d. A copious dark coloured stool after the injection—affection of throat and eruption continue—pulse about 90, of moderate strength—skin of a less pungent heat—thirst not abated.

*Addantur haustui tincturæ thebaicæ guttæ decem.*

——23d. Pain of epigastrium has recurred—pain of fauces continues—skin less hot—pulse about 80, soft and firm—no stool—an indifferent night.

*Habeat quam primum infusi sennæ uncias duas.*

*Repetatur haustus.*

*Intermittatur serum vinosum.*

——24th Two dark coloured stools—pain of epigastrium and fauces relieved—eruption fading—tongue cleaner—pulse about 80, and soft—skin moist—thirst abated—a good night.

——26th. Convalescent—belly rather flow.

*Habeat omni mane pulveris rhei grana decem.*

*Intermittatur haustus.*

Full diet.

——30th. Belly has been regular.

Dismissed cured.

*Royal*



*Royal Infirmary, Aug. 7th 1801.*

*JOHN BAIRD, Ætatis 11.*

On the 2d instant, by account, was suddenly attacked with rigours, increased heat, and general sweat. Since admission, he has been very indistinct, and frequently, while awake, is observed to mutter and speak to himself: while asleep, he often starts, and awakes in a fright. Pulse 130, and weak—skin very warm—tongue clean—some thirst—the day before his illness was exposed to febrile contagion—a scanty stool since admission—no remedies employed.

*Habeat quam primum enema domesticum.*

*August 8th.* A scanty loose stool—pulse about 120, and rather feeble—tongue white—more distinct—injection not given.

*Quam primum bolum è jalapa, cum mercurii granis tribus.*

*Decoctum furfuris ad libitum.*

—— *9th.* Two or three stools—skin cool—pulse about 90—a good night, and disposed to sleep—making no complaint.

*Continuetur decoctum furfuris.*

*August*

*August 10th.* Has had delirium and irregular convulsive motions—belly flow—pulse feeble.

*Repetatur bolus à jalapa cum mercurio.*

*Abradatur capillitium.*

*Habeat vini rubri uncias octo,*

*Cujus sumat unciam subinde.*

—— 11th. Delirium and involuntary motions still continue—a better night—two loose stools—pulse towards 120, and feeble—wine not much relished.

*Adhibeatur vesicatorium toti capiti.*

*Habeat haustum cum laudani guttis quindecim.*

*Intermittatur vinum rubrum.*

—— 12th. Delirium much aggravated towards evening—quietness succeeded the exhibition of the draught, which still continues—irregular convulsive motions abated, pulse about 120, and firmer.

*Habeat misluræ diaphoreticæ salinæ unciam tertia quaque hora.*

*Repetatur haustus, vespere.*

—— 13th. A tolerable night—disposed to be drowsy—on awaking, he appears agitated, screaming occasionally, but makes no complaint—appetite indifferent—pulse quick and feeble—belly flow—involuntary motions not perceived—face more or less flushed—copious discharge by the blister.

*Habeat*

*Habeat quam primum infusi sennæ uncias duas, necnon ejusdem infusi unciam semel indies.*

*Pilulam è mercurio cinereo, mane et vespere.*

*Intermittatur haustus anodynus.*

August 14th. An indifferent night—although less drowsy, has on the whole slept much—tongue clean and moist—skin cool and soft—pulse about 100, and feeble—expression of countenance more natural—one stool—but little food taken.

*Continuentur pilula hydrargyri et mislura.*

— 17th. Appetite mending—looks improving—sleep natural—pulse calm—skin cool—belly open.

*Intermittatur pilula hydrargyri.*

An egg to dinner.

— 27th. Dismissed cured.



*Royal Infirmary, March 27th. 1804.*

*DONALD STEWART, Ætatis 19.*

Complains of violent headach, vertigo, nausea, and occasional vomiting, pain under the sternum, with frequent short cough, and slight dyspnœa—debility—general uneasiness—pulse 90—skin hot—tongue loaded—belly, by account, regular. Was attacked two days ago, with rigors—has used no remedies.

*March 28th.—Imponatur vesicatorium quam primum sterni, et sumat bolum jalapæ compositum.*

*Misturæ salinæ ammoniatæ unciam, sibiinde.*

—— 29th. Headach and sickness—cough, and pain of breast relieved—frequent stools—pulse calm—skin cool and moist—tongue white—thirst inconsiderable—an indifferent night—blister has answered well.

*Haustum anodynum, vespere.*

*Continuetur mistura salina ammoniata.*

—— 31st. Purging gone—cough returns at times, with uneasy breathing—pulse 90, and feeble.

*Recipe—Misluræ mucilaginosæ uncias quatuor,  
Vini e tartrite antimonii drachmas duas,  
Tincturæ thebaicæ guttas triginta.*

*Misluræ agitatæ sumat unciam dimidiam, subinde.—Intermittatur mislura salina ammoniata,*

*April 3d.* Belly having been flow, a laxative was given last evening, as yet without effect. Face at times is flushed, and he is somewhat delirious—cough is however abated—breathing easy—pulse calm.

*Habeat quam primum, infusi sennæ uncias tres.*

*Continuetur mislura tartritis antimonii.*

—— 4th. No stool till he got an injection—two since—pulse 80—tongue foul, but moist—eyes suffused.

*Continuetur mislura e tartrite antimonii.*

—— 5th. Headach and delirium gone—a good night—complains of pain of throat, with difficult deglutition—pulse 80—skin hot—belly flow.

*Adhibeatur oleum ammoniatum cum panno laneo faucibus externis—habeat pulveris jalapæ compositi scrupulos duos.*

—— 7th. Pain of throat gone—a good night—passage of belly—pulse 80—skin cool.

*April*

*April* 13th. Convalescent.

*Intermittantur medicamenta.*

Full diet.

—— 17th. Four loose stools.

*Potionis cretaceæ unciam unam, secunda quaque  
hora—pilulam thebaicam, bis de die.*

—— 18th: Four stools.

*Habeat sodæ tartarifatæ drachmas sex.*

*Continuentur potio cretacea et pilulæ thebaicæ.*

—— 20th. Purging gone—tongue appears loaded—headach—pulse calm.

*Habeat infusi amari unciam dimidiam, quater  
in dies.*

*Intermittantur potio cretacea, et pilulæ thebaicæ.*

—— 21st. Stools have become frequent, and of a natural appearance, with gripes, and occasionally sickness, and spontaneous vomiting—tongue white—thirsty.

*Habeat ipecacuanhæ scrupulum unum, pro emetico. Continuetur infusum amarum.*

—— 22d. Stomach appears to have been loaded—gripes relieved.



*April 23d.* General uneasiness and pain—tendency to delirium—eyes are suffused—pulse feeble—in different nights.

*Recipe—Vini rubri uncias quatuor,*

*Aquæ uncias quatuor. Misce.*

*Sumat unciam dimidiam, subinde ; haustum anodynum, vespere.*

—— 24th. Restless, and more delirious, without particular complaint. Eyes less suffused, but heavy—tongue somewhat loaded—pulse at the wrist hardly felt—a natural stool in the evening—wine relished, and some food taken.

*Habeat vini rubri uncias duodecim,*

*Aquæ uncias octo—Sit mistura, ut heri porrigenda.*

—— 25th. Has had a quieter night, but continues indistinct, with feeble pulse—parched tongue, and involuntary twitching—no stool.

*Habeat quam primum bolum è jalapa cum mercurio, et vespere, si opus sit, ad alvum dejiciendam, enema domesficum.*

*Continuetur vinum.*

—— 26th. A quiet night—disposed to sleep since morning—countenance more florid, and of a more natural appearance—a copious, dark-coloured, and fetid stool, after the injection.

*Repetatur*

*Repetatur bolus è jalapa, cum mercurio et enema domesticum, si opus sit.*

*Repetatur etiam vinum.*

April 27th. One stool by the injection, and another an hour after—continues to sleep much—pulse 120 still feeble.

*Repetatur enema vespere—continuetur vinum.*

— 28th. Continues drowsy and indistinct, with tremor of hand, and slight subfultus tendinum—tongue loaded—pulse feeble—wine relished.

*Imponatur vesicatorium capillitio abrafo.*

*Repetatur bolus è jalapa cum mercurio ut supra, necnon enema domesticum, si opus sit, vespere—repetatur vinum.*

— 29th. A fetid and rather scanty stool after the injection. A good discharge by the blister—appears less drowsy—has been more distinct—tremor and subfultus at present gone—tongue dry and less loaded—pulse feeble—wine still relished, and little food taken.

*Repetatur bolus è jalapa cum mercurio, necnon enema—continuetur vinum.*

— 30th. A copious, but still fetid and dark-coloured stool, from the injection. Has passed an

easy night—wine still relished, and a little more food taken—slight subsultus with appearance of floccitatio. In other respects as yesterday—pulse feeble.

*Repetatur bolus è jalapa cum mercurio, necnon enema si opus sit—et continuetur vinum.*

May 1st. Two stools after the injection, the last copious, dark and fetid—a quiet night—tremors and floccitatio abated—pulse 80, and good strength.

*Repetatur vinum.*

— 2d. A good night, with less delirium—tremor and floccitatio gone—pulse 80.

*Repetatur vinum.*

— 3d. Febrile symptoms continue to abate—free of complaint—pulse calm—belly rather flow.

*Habeat pulveris jalapæ compositi scrupulos duos.*

*Vespere enema domesticum, ni prius soluta sit alvus—continuetur vinum.*

— 6th. Two stools in the course of yesterday—continues apparently convalescent, but is greatly



greatly emaciated—tongue clean—pulse calm—improving appetite.

*Habeat vini rubri uncias octo.*

*Aquæ uncias quatuor.*

*May 30th.* Intermittatur vinum—full diet.

*June 15th.* Dismissed cured.

*Royal Infirmary, 7th Oct. 1805.*

*MARGARET MANSON, Ætatis 20.*

Complains of headach, vertigo, nausea, and occasional vomiting; pain of back, and general pains; pulse 108 and weak; skin hot; tongue very foul; belly costive; complaints of two days duration, for which she knows of no cause.

*Habeat bolum jalapæ compositum cras mane.*

October 8th. Two full stools of natural appearance; headach continues; two or three attacks of vomiting during the night, none since morning; sickness relieved; tongue still much loaded:

*Repetatur bolus jalapæ compositus vespere.*

—— 9th. Headach is relieved; no return of vomiting; sickness abated; tongue less loaded; surface of natural heat; pulse 100 and soft; three copious stools.

*Decoctum furfuris ad libitum.*

*October* 10th. Pulse calm; skin cool; tongue clean; makes no complaint; good night, with returning appetite.

—— 15th. Convalescent.

Full Diet.

—— 18th. Dismissed cured.



*Royal Infirmary, 6th Nov. 1805.*

*MARGARET KENNEDY, Ætatis 17.*

Complains of severe headach, vertigo, and nausea, with pain in the small of her back and general uneasiness; pulse 100, and feeble; skin cool; tongue furred; belly slow; says she has been subject to flying pains for some weeks, but they have been aggravated for two days with headach and other symptoms of general fever.

*Habeat bolus jalapae compositum cras mane.*

*Nov. 7th.* Pain of loins and other symptoms of general fever as described; alternate attacks of chilly and warm fits followed by sweating; by her account headach has morning remissions; pulse about 100 and feeble; as yet no stool.

*Habeat quam primum,*

*Infusi sennae,*

*Infusi lini utriusque uncias tres.*

*Nov.*

*Nov.* 8th. Pain of loins and headach continue, with nausea, and one attack of spontaneous vomiting; complains still of alternate rigors and hot fits; pulse about 100, and feeble; skin cool; tongue moist; little thirst; full alvine evacuation of a dark colour and fetid smell; a quiet night.

*Decoctum furfuris ad libitum.*

*Cras primo mane pulveris jalapae compositi drachmam.*

—— 9th. Copious and natural stool in the course of yesterday; appetite good; easy night.

—— 11th. Dismissed cured.

## APPENDIX.

## No. III.

## CASES OF SCARLATINA.

NARRATIVE OF SCARLATINA, AS IT AFFECTED THE CHILDREN IN GEORGE HERIOT'S HOSPITAL, IN AUTUMN, 1804.

GEORGE HERIOT'S hospital is a large building of noble architecture, forming a quadrangular court. By this construction, and by means of cross windows in the different apartments, complete ventilation is procured. The house occupies a dry situation, on the highest part of a ridge immediately to the south of the city, and is placed in the middle of an inclosure, consisting of several acres. On the south and west, it commands extensive views of the country; these are more confined on the north and east, by the castle, and by the buildings in the old town, from



from both of which, however, it is at a considerable distance.

Great attention to the cleanliness and airyness of every part of the hospital, is added to these advantages of situation. The diet of the children is well regulated ; and there is an abundant supply of spring-well water, from the city's reservoir, which adjoins the house ; and the medical gentlemen attached to the hospital, and acting under the regulations of the governors, put a negative on the admission of any child, who appears to them to labour under scrofula.

These circumstances are so favourable to the health of the inmates of this foundation, that I have the satisfaction to say, that during two and thirty years, that I have had the medical superintendence of it, I have seldom known any serious illness prevailing among them.

The sons of burgeses, freemen of Edinburgh, are received into this hospital. They are admitted when between the seventh and eleventh year of their age ; and are maintained and educated till they reach their fourteenth year. Their present number is one hundred and twenty, and they, together with the matron, masters,

masters, and domestics, form a family, of about one hundred and forty persons.

Towards the end of September, 1804, I visited one of the youngest of the children, in fever. I found him labouring under symptoms of scarlatina, which had been epidemic in the town, for some months. He was moved immediately to the sick room, and thus secluded from his companions; and I directed every precaution to be employed, in washing and ventilating the apartment or ward which he had left. The whole of the children were confined within the precincts of the hospital, lest, through communication with their relations in town, they might be affected with the fever, and thus add to the accumulation of contagion.

I was not, however, fortunate enough, indeed I did not expect to be so, to make this the solitary instance of the disease, in the midst of so numerous a family. Day after day, my sick list increased; and during three months that the fever prevailed in the hospital, upwards of fifty of the children passed through it. And I remarked, that by far the greatest number of the sick came from the ward in which my first patient had lain.

About

About the end of the year, the last of my little patients left the sick room, which was then shut, and it has fortunately continued so, to this date, 15th of March 1805 ; and some weeks have now elapsed, since communication with the town has been opened.

In all the children, particularly in those who were first affected, the symptoms were so mild, that but for my knowledge of the prevalence of the epidemic in town, I might have mistaken the disease on its first appearance, and been lulled into a blameable security. The throat was not much affected. The uvula and amygdalæ were slightly swelled and inflamed in every instance ; in a few cases, superficial suppuration and sloughing appeared. The efflorescence on the surface was partial, and in general transitory, leaving a peculiar paleness of countenance. The eye was dull and heavy. Sickness and prostration of appetite, continued throughout the disease. The thirst was moderate ; great debility prevailed in every case ; and in some, a peculiar dejection and despondency, hardly to be looked for in subjects so young. The pulse was variable ; always quick, till towards the end of the disease, when it sometimes sunk below the natural standard ; it was never full. The surface of the body was occasionally of a pungent



gent heat. Obstinate constipation prevailed in general.

My patients were objects of serious attention for twelve or fourteen days ; the convalescent state of almost all of them, was protracted for nearly the same length of time ; and six weeks elapsed before some who entered the sick room, left it.

Such was the appearance, and such is the history of this epidemic in Heriot's Hospital ; in conducting the cure of which, I employed purgative medicines fully ; while food suited to the weak appetite and feeble powers of digestion, was directed.

The effect of the purgatives was favourable. The feces were hard, generally of a black, or greenish colour, and fetid ; and sometimes of the colour and consistence of clay, and less fetid. In proportion to the evacuation of these feces, relief was perceptible. Returning appetite and vivacity accompanied the decline and cessation of the various symptoms.

As the weather had become cold, and otherwise inclement, the children were detained in the sick room, for many days after they were perfectly well ; purgatives were administered, as the state of the  
bowels.

bowels demanded ; and the general warm bath was repeatedly used, on the supposition, that, by its restoring a perspirable state of the skin, it would, in concert with the purgative medicines, tend to prevent dropical swelling, which, from the symptoms, I greatly dreaded.

At last, healthy and robust, and impatient of farther restraint, the convalescents were permitted to return to their particular wards, and in no long time, to mix with their companions in school, and at play.

Happy I am, that I had been thus careful and provident in using these precautions ; for I have to relate the fate of three boys, who in two or three weeks from their passing from under my care, were again reported as unwell, and again appeared in the sick room. Their symptoms, and their fate were the same. They had a leucophlegmatic look, incipient anasarca, total prostration of appetite, scanty, if not suspended secretion of urine, swelling of abdomen, obstinate constipation, nausea, extreme debility, and feeble pulse.

Alarmed by these symptoms, I requested Messrs. Alexander and George Wood, surgeons to the hospital, to join me in consultation. Suitable cordials

were ordered, and purgative medicines, of appropriate quality, and in repeated doses, were directed. The disease in all the three, proceeded with a rapidity, which afforded little farther opportunity, for deliberation or action. The stomach gave way ; all food, cordials, and medicines, were rejected, by vomiting. The watery effusion rapidly filled the cellular membrane, and every cavity. Within less than thirty-six hours, from the recurrence of complaint, the boys died, labouring under symptoms, denoting ascites, hydrothorax, and hydrocephalus.

This termination was altogether new ; I had never seen dropfy from scarlatina fatal.

In consequence of this event, I approached the Hospital for many days, under deep anxiety, because I was conscious, that other children were, at the time, in a situation which might lead to the same unfortunate issue.

I continued to pay unceasing attention to the alimentary canal, which every day's experience proved to be much disordered. Strong purgatives were given, in large and repeated doses, sometimes twice and thrice in the same day, before the necessary evacuation was procured. In some instances, the colon, hard, and distended, could be traced by the  
finger,



finger, in those places where it approaches the parietes of the abdomen.

In two cases, general fulness of the belly, œdema of the lower extremities, nausea, retching, and scanty secretion of bloody coloured urine, shewed themselves. In these, stimulating glysters supported and promoted the efficacy of the purgatives, and ensured a determination downwards; without which, I am satisfied, I should have had to regret the loss of two other boys; one of whom had taken, within the space of twenty-four hours, a drachm of the mass of the aloetic pill, and thirty grains of the submuriate of mercury. The other, when danger was over, was much distressed, by affection of the mouth, and bloody ptyalism, the consequence of the quantity of calomel previously given.

For greater security, an additional apartment was opened for convalescents. Here, they were sedulously watched; purgative medicines were occasionally employed, to secure and establish a regular state of the belly; and returning appetite was satisfied with light and nourishing food.

I always inspected the alvine discharge of the sick; the quantity of which, varying in consistence, colour,

and fetor, daily evacuated during the fever by each boy, was astonishing to me.

An emetic was given occasionally, but not generally, on the approach of the fever ; and towards its decline, a moderate quantity of wine was allowed. This seemed to be necessary, in a few instances ; but to avoid the appearance of partiality, the practice of giving it was general. Gargles, composed of port wine, diluted with water, or of vinegar and water, sweetened with honey or sugar, were also employed in a few cases ; as were saline and diaphoretic mixtures. At length, under this management, care and anxiety on the present occasion came to a period.

*Royal Infirmary, Nov. 17th 1804.*

*JAMES RITCHIE, Soldier, Ætatis 19.*

Feels great pain and difficulty of deglutition, the internal fauces being of a deep red colour, and the tonsils considerably swelled, with a large greyish coloured slough occupying the left one: complains of headach, general oppression and debility. Appetite is bad—pulse 100—skin very hot—tongue very dry—thirsty—belly flow.—He was attacked with these symptoms four days ago, and can assign no cause for his complaints.

Has used no remedies.

*Habeat bolum e jalapa cum mercurio.*

*Recipe—Acidi muriatici oxygenati drachmas duas.*

*Aquæ fontanæ uncias sedecim. Sit mistura in loco tenebroso servanda, cujus sumat unciam unam e cyatho vitreo, secunda quaque hora.*

*Nov. 18th.* Headach, sickness, and oppression are relieved—tongue less parched—surface less pungently hot—pulse about 100, rather feeble—state of internal fauces as described, with difficult deglutition—countenance pale—no stool.



*Recipe—Tincturæ jalapæ drachmas sex,  
 Aquæ canellæ albæ drachmas duas,  
 Sacchari drachmam unam.*

*Sit haustus quam primum sumendus.*

*Oleum ammoniatum cum panno laneo faucibus externis.*

*Continuetur acidum muriaticum oxygenatum.*

Nov. 20th. One easy stool—skin cool—pulse calm—countenance less pale—deglutition more free.

*Repetatur haustus e tinctura jalapæ.*

*Continuetur acidum muriaticum oxygenatum.*

—— 24th. Affection of internal fauces, and febrile symptoms gone—appetite improves.

—— 25th. Tongue clean—belly regular.

*Intermittatur acidum muriaticum oxygenatum.*

—— 29th. Continues feeble—countenance pale, and expressive of languor.

*Habeat misturæ corticis cinchonæ aromaticæ unciam unam, tertia quaque hora.*

Full diet.

Dec. 3d. Since yesterday, considerable œdema has occurred. By account, urine has been in natural quantity, and bowels regular—pulse about 70.

*Habeat quam primum bolum e jalapa cum mercurio, vespere repetendum; necnon cras primo mane, ni prius soluta sit alvus.*

*Intermittatur mistura cinchonæ.*

Dec.

*Dec.* 4th. Three stools ; the last of natural appearance—œdema abated.

Two bolusses taken.

*Cras mane repetatur bolus e jalapa cum mercurio.*

No stool.

—— 5th. *Recipe—Sodæ tartarifatæ unciam unam,  
Infusi sennæ uncias duas,  
Decocti furfuris libram unam.*

*Sit solutio partitis vicibus sumenda.*

—— 6th. Five watery stools—œdema continues, rather aggravated, with considerable dyspnœa, particularly during last night—pulse 60, and soft.

*Recipe—Submuralis hydrargyri grana duodecim,  
Pulveris jalapæ drachmam dimidiam,  
Simul terantur et dividantur in doses quatuor æquales. Sumat unam omni trihorio.*

—— 7th. Has had plentiful alvine discharge, of natural appearance—urine is also natural and abundant—œdema seems abated, and dyspnœa relieved—the powders taken—mouth not affected.

*Repetantur pulveres, ut heri præscripti, cras mane.*

—— 8th. Has had two stools, rather scanty—dyspnœa still rather relieved—one powder only taken.

*Continuentur pulveres, unus omni trihorio sumendus.*

*Recipe—Sodæ tartarifatæ drachmas sex,*

*Infusi sennæ uncias duas,*

*Aquæ fontanæ libram.*

*Sit mistura tribus vicibus sumenda, cras mane.*

*Dec. 9th.* Three powders taken—four stools—but the alvine discharge on the whole scanty, of a green colour, and fetid—urine scanty, of a dark and almost bloody colour—œdema continues—breathing easy—mouth is affected.

*Repetatur solutio sodæ tartarifatæ ut heri præscripta, quam primum; cras mane iterum repetenda.*

—— *10th.* Sicknefs and vomiting after the last dose of solution this morning—alvine discharge more abundant and natural—urine also in greater quantity and more natural—œdema abated.

*Juris bovini libram unam, indies.*

Bafon of tea to breakfast.

—— *11th.* Œdema still more abated—feculent discharge, of natural quantity and appearance.

*Habeat pilulas aloeticas duas, omni mane et vespere.*

*Vini rubri uncias octo, indies.*

—— *13th.* Belly regular—œdema gone, and countenance more lively than hitherto.

*Continuentur*



*Continuentur vinum et pilulæ aloeticæ.*

Dec. 16th. Has had two stools daily, in abundant quantity, and of natural appearance.

*Sumat pilulas aloeticas duas tantum indies.*

—— 24th. Dismissed cured.

*Royal Infirmary, Feb. 11th 1805.*

*WILLIAM GORDON, Ætatis 22.*

Complains of pain of throat, with some difficulty of deglutition—the internal fauces are of a deep red colour—general redness of surface—frequent scanty stools, with tenesmus—loss of appetite—pulse 98—tongue loaded—thirsty—skin warm.

Was attacked three days ago with general pains. The efflorescence appeared yesterday.

Has used no remedies.

*Habeat tartriiis sodæ et potassæ drachmas sex,*

*Infusi fennæ uncias duas,*

*Ex infusi lini unciiis sex, duabus vicibus sumendas.*

— 12th. Has had several stools—efflorescence faded—internal fauces relieved—pulse calm—tongue loaded—much thirst and languor.

*Vespere habeat haustum anodynum.*

*Cras mane solutionem catharticam, ut heri præscriptam.*

*Decoctum furfuris tepidum, ad libitum.*

— 13th. Tongue cleaner—febrile symptoms  
and

and eruption gone—a good night—is less languid—  
pulse calm—four stools.

*Vespere repetatur haustus anodynus.*

*Feb.* 14th. A quiet night—two stools of natural  
appearance—free of complaint.

*Repetatur haustus anodynus.*

*Habeat omni mane pulveris radices rhei grana octo.*

—— 15th. One stool. Convalescent.

*Repetatur haustus anodynus.*

—— 17th. Belly regular—stools natural.

Full diet.

—— 23d. Belly open—tongue loaded.

*Habeat ipecacuanhæ scrupulum unum, vespere.*

*Haustum anodynum, hora somni.*

—— 24th. No vomiting—tongue clean—purging gone.

—— 28th. Dismissed cured.



*Royal Infirmary, Jan 6th 1805.*

*ALEXANDER CORNER, Ætatis 7.*

Complains of almost constant headach, and occasional vertigo—pain of abdomen, with some tension and swelling—the pupils appear dilated—disturbed sleep, from which he sometimes awakes with a loud scream—loss of appetite—feebleness—pulse 90—skin rather hot—tongue moist—thirsty—belly costive—he has a slight excoriation on each haunch, from lying on them long.

The above symptoms have been present three weeks, and succeeded a fever which was accompanied with general efflorescence of surface and fore throat, followed by desquamation of the cuticle: during the fever he took an emetic.

Two days ago he took a dose of fenna and manna, but with little effect.

*Habeat pulveris jalapæ grana sex.*

*Submuriatis hydrargyri grana tria.*

*Sit bolus quam primum sumendus.*

*Jan. 7th. As yet no stool.*

*Injiciantur*

*Injiciantur quam primum per anum, enematis domestici uncie octo.*

*Habeat bolos quatuor, ut heri præscriptos; sumat unum omni triborio.*

Jan. 8th. Three stools, dark and fetid—and in considerable quantity; the first, after the injection; the second, after the third bolus; the third, this morning, the fourth bolus being previously given—has passed a bad night, awaking suddenly, screaming, from short sleeps, but complains less of headach, and more of pain of abdomen—pupils seem to possess more contractility—appetite indifferent—pulse 80, and soft.

—— 9th. An easier night, sleep being of longer continuance, he awakes less suddenly, and without screaming—by his account, is free of headach, but complains of pain of abdomen—countenance at present pale—pulse towards 100, and feeble—a fetid, fluid, and dark coloured stool—urine in small quantity, and high coloured—little food taken.

*Habeat pulveris jalapæ compositi scrupulum unum quam primum; cras primo mane repetendum.*

A small basin of tea, morning and evening.

*Jan.* 10th. Countenance more florid, and expression more lively—pain of abdomen gone—tongue clean—pulse calm—surface cool—two stools, both abundant, and of more natural appearance and odour—some food taken, and seemingly relished—both powders given—a good night.

*Repetatur pulvis, ut heri præscriptus.*

—— 11th. Free and full feculent discharge, and he continues free of complaint.

*Habeat secum pulveres jalapæ compositos, ut supra præscriptos, duodecim.*

*Signa*, one to be taken daily.

Dismissed cured.



*Royal Infirmary, Jan. 14th 1805.*

*CATHARINE STEWART, Ætatis 18.*

Complains of pain of back and of loins—occasional headach—vertigo, with uneasiness and sense of weight at the epigastrium, increased on pressure, and after taking food—pain and weakness of knee joints—strength is impaired—pulse 84—skin cool—tongue rather white—belly flow—catamenia have not appeared for three months, at which time they were suddenly suppressed by exposure to cold.

*Habeat bolum jalapæ compositum.*

—— 15th. One stool, rather scanty, fluid, and of natural appearance—symptoms not relieved.

*Habeat pilulas aloeticas octo.*

*Sumat duas quam primum; et deinde, duas omni trihorio. Cras mane infusi sennæ uncias duas, ex infusi lini unciiis octo.*

—— 16th. Copious feculent discharge—headach, vertigo, and stomachic distress relieved—pain of loins continues—remarks a swelling and fulness of face—about four months since, laboured under fever, which, by her account, seems to have been scarlatina anginosa; since when she has never fully recovered her usual health.

*Recipe*

*Recipe—Sulphatis magnesiæ drachmas tres,  
 Supertartritis potassæ drachmam,  
 Infusi sennæ unciam,  
 Infusi lini uncias octo.*

*Sit solutio omni mane duabus vicibus sumenda.*

Full diet.

*Jan. 18th.* A copious alvine discharge, of greenish colour—headach continues relieved—pain of loins easier—stomachic distress relieved—fulness of features continues.

*Continuetur solutio sulphatis magnesiæ.*

—— 20. A copious and to appearance a natural stool—pain of loins is relieved—complains still of headach—fulness of features gone—urine abundant—pulse calm.

*Continuetur adhuc sulphas magnesiæ.*

—— 22d. Headach and pain of loins are gone—alvine discharge has been regular and full.

*Recipe—Sulphatis magnesiæ uncias tres,  
 Supertartritis potassæ drachmas sex.*

*Misce, et divide in doses octo æquales.*

Signentur—Laxative powders, one to be taken dissolved in water once a day, or every two days.

Dismissed cured.

## APPENDIX.

## No. IV.

## CASES OF MARASMUS.

*Royal Infirmary, Dec. 29th 1804.*

*MALCOLM MORRISON, Ætatis 5.*

COMPLAINS of pain of the right side, near the false ribs, attended by a dry hard cough, pain of forehead, and loss of appetite—pupils appear dilated. By account, awakes frequently during the night with a scream—is frequently observed to pick his nose—feces of a gray colour, and clayey consistence—urine turbid and scanty—countenance fallow—skin hot—pulse 120, and weak—complaints are, by account, of three weeks standing—has used no remedies.



*Recipe—Submuriatis hydrargyri grana decem,  
 Sacchari drachmam dimidiam,  
 Tere intime et divide in doses quatuor.  
 Sumat unam quaque hora.  
 Jusculi bovini libram unam, indies.*

*Dec. 30th.* Two stools, of the appearance of that described—general fulness of abdomen—no hardness observed in the right hypochondrium, pressure on which does not seem to give pain—some food taken.

*Recipe—Submuriatis hydrargyri grana tria,  
 Sacchari,  
 Jalapæ, singulorum grana sex.  
 Sit pulvis cras mane sumendus.*

—— 31st. As yet no stool.

*Si opus sit injiciatur enema domesticum vespere, et cras repetatur pulvis submuriatis hydrargyri.*

*Jan. 1st.* Copious alvine discharge, in all respects similar to former ones. Considerable fulness of abdomen continues, but pain of right hypochondrium and fallowness gone—injection not given.

*Cras mane repetatur pulvis e submuriate hydrargyri, cum jalapæ.*

—— 2d. A pretty copious clay coloured, and fetid stool—food taken.

*Repetatur cras mane pulvis, ut heri prescriptus.*

*Jan.*

Jan. 3d. Spontaneous vomiting this morning of the contents of the stomach. Fetid and clay coloured, but more scanty alvine evacuation—indifferent nights.

*Recipe—Tinctura jalapæ,*

*Syrupi sacchari, utriusque drachmās duas.*

*Sit haustus mane et vespere sumendus.*

*Haustui vespertino, instillentur tinctura thebaica guttæ decem.*

*Habeat vini rubri uncias tres indies.*

—— 4th. Has passed an easier night, and is now asleep—no vomiting—no stool.

*Habeat haustum e tinctura jalapæ mane, meridiæ, et vespere, cum laudano in haustu vespertino, ut heri prescriptum.*

—— 5th. A copious dark coloured stool—no return of vomiting—a good night—appetite indifferent—but he appears to have gained, in point of strength.

*Continuentur haustus ut heri prescripti, necnon vinum et jusculum bovinum.*

—— 6th. No stool.

*Recipe—Carbonatis magnesiæ scrupulum unum,*

*Supertartritis potassæ,*

*Sacchari, utriusque grana decem.*

*Sit pulvis, omni mane sumendus.*

*Continuentur haustus cum tinctura jalapæ.*

Jan. 7th. Has had a copious alvine discharge, of a clayish colour and consistence—abdomen continues prominent and somewhat tense.

*Continuentur medicamenta.*

—— 9th. Copious and dark coloured alvine discharge continues—that since yesterday more watery and fluid than hitherto—abdomen less prominent and less tense—pulse 100, and feeble—appetite for food has declined.

*Habeat vini rubri,*

*Aquæ, utriusque uncias tres in dies.*

*Continuetur pulvis carbonatis magnesiæ, et supertartritis potassæ  
—intermisso haustu e tinctura jalapæ.*

—— 10th. Two stools, both scanty, but of more natural appearance than hitherto, and less fetid—considerable fulness of abdomen, without pain—wine relished—appetite variable—pulse quick and feeble.

*Recipe—Submuriatis hydrargyri grana duo,*

*Pulveris jalapæ,*

*Sacchari, utriusque grana sex.*

*Sit pulvis, vespere sumendus.*

*Continuetur pulvis e carbonate magnesiæ, necnon vinum.*



*Jan. 11th.* Fulness of abdomen continues, with pain, particularly during night, which prevents sleep—copious alvine discharge, partly fluid, and partly consistent.

*Habeat pilulas aloeticas octo ; sumat duas omni triborio.*

*Recipe—Tincturæ jalapæ drachmas tres,*

*Syrupi drachmam unam,*

*Aquæ uncias duas.*

*Sit haustus cras primo mane sumendus.*

*Continuetur vinum.*

*Intermittatur pulvis e carbonate magnesi.*

—— 12th. Four copious fluid stools of more natural appearance, but still very fetid—fulness of abdomen diminished—pain still continues, preventing sleep during the night—pills rejected by vomiting—pulse rather quick.

*Repetatur haustus e tinctura jalapæ, cras mane.*

*Continuetur vinum.*

—— 13th. Spontaneous vomiting of contents of stomach this morning, after breakfast—one fetid stool, natural, and in moderate quantity—distension and pain of abdomen, preventing sleep, still continue—pulse feeble.

*Recipe—Magnesiæ ustæ drachmam unam,*

*Mucilaginis gummi arabici unciam dimidiam,*

*Spiritus lavendulæ compositi drachmas duas,*

*Tincturæ thebaicæ guttas viginti,*

*Aquæ, uncias tres. Misce.*

*Sumat hujusce mixturæ agitatae unciam dimidiam, secunda quaque hora.*

*Oblinatur abdomen linimenti anodyni pauxillo, ter vel quater indies, et circumdetur panno laneo.*

*Habeat vini rubri uncias quatuor indies.*

—— 14th. Has had a pretty copious fluid and feculent alvine discharge, accompanied with much flatus—passed a bad night, but pain of abdomen, and accompanying tension, for the present, are subsided—has nearly declined all nourishment—the wine has been taken with reluctance—mixture sparingly given, on account of its exciting retching.

Pulse quick, but firmer.

*Recipe.—Solutionis assæ fetidæ unciam unam,*

*Aquæ, uncias quinque.*

*Sit mixtura, ope fistulæ armatæ, per anum injicienda.*

*Continuentur alia ut heri.*

January 15th. Injection, after being retained for some time, was returned, accompanied with much flatus and feculent evacuation. This last, since yesterday, has been copious, nearly of natural appearance, but containing somewhat, resembling scybala; food has been taken; wine relished, and mixture used; complains less of pain of abdomen, swelling and tension of which are abated.

*Repetatur enema è solutione assæfetidæ.*

*Continuentur alia.*

January

January 16th. Injection retained till the morning ; discharge of flatus and feculent evacuation has been less abundant, but tension and pain of abdomen, continue relieved ; food, wine, and mixture, taken.

*Continuentur vinum et mistura è magnesia.*

A little beef stake to dinner.

—— 17th. Three stools, copious, and of clay-colour ; belly rather tense ; a good night ; appetite continues to improve.

*Continuentur vinum et mistura è magnesia.*

—— 18th. Copious feculent discharge, resembling that which has been voided for some days past ; belly less tense, and less pained ; much flatus has been voided ; appetite and strength are improved, and looks are more lively ; injection has not been given.

*Omisso enema, continentur alia.*

—— 20th. Daily and copious alvine discharge, partly fluid, and partly costive as formerly, somewhat resembling scybala, but now of more natural appearance and odour ; pain and tension of abdomen continue to abate ; and strength to improve.

*Continuentur medicamenta.*

—— 21st. *Continuetur vinum, necnon mistura è magnesia, cujus sumat dimidium tantum indies.*



January 24th. Belly continues regular ; stools, except being somewhat of a whitish colour, natural ; some fulness of abdomen remains, but pain is gone ; quiet nights ; appetite good ; is become more active, and more lively.

*Intermittatur vinum.*

—— 28th. Has continued convalescent.

*Habeat pulveris jalapae compositi unciam unam, in doses sedecim dividendam.*

*Signa*, one to be taken once or twice a day, so as to preserve a regular state of the bowels ; warmth of surface and nourishing food, recommended.

Dismissed cured.

*Royal Infirmary, 18th Jan. 1806.*

*ALICIA CASSIDY, Ætatis 7.*

Complains of a constant and frequently severe pain about the umbilicus, and of occasionally severe headach; she is observed to pick her nose much, and to start in her sleep, screaming violently; her abdomen is full and prominent; pulse quick and small; tongue loaded; belly very irregular; appetite voracious; her countenance is pale and languid, and she is said to have been falling off in respect of flesh and strength for the last eighteen months.

*January 19th. Recipe—Submuriatis hydrargyri grana duodecim,*

*Pulveris jalapæ,*

*Sacchari aa semi drachmam.*

*Misce et divide in doses octo, quarum sumat unciam mane et vespere.*

—— 20th. Plentiful alvine evacuation, partly fluid, partly consistent, and of a whitish clay colour.

*Continuentur pulveres ut heri præscripti.*

*January*

January 21st. Has had copious, partly fluid, and partly consistent, dark coloured alvine evacuation.

*Sumat pulveres ut supra praescriptos ter indies.*

——— 22d. Alvine evacuation is scanty, consisting chiefly of dark coloured scybala.

*Continuetur submurias hydrargyri, et cras primo mane sumat duabus vicibus,*

*Infusi sennæ uncias quatuor.*

——— 24th. Alvine evacuation of yesterday copious, partly of a clayish consistence, and partly fluid with scybala; the feces are fetid.

*Sera nocte habeat bolum jalapæ, compositum, cum submuriatis hydrargyri granis sex, et*

*Cras primo mane infusi sennæ uncias tres duabus vicibus.*

*Intermittantur pulveres è submuriate hydrargyri.*

——— 25th. Spontaneous vomiting some hours after taking the bolus; several stools since morning, consistent, of more natural appearance and smell; starting, screaming under night, picking of the nose, with pale look and wasted appearance continue; complains less of gripes, and of headach; and appetite is less voracious; abdomen less full and tense; pulse firm; tongue clean.

*Habeat vini rubri uncias tres, et*

*Juris bovilis libram indies.*

*Omni mane pulveris jalapæ compositi scrupulos duos.*

January



*January 26th.* Alvine eyacuation pretty copious, somewhat scybalous, but of more natural appearance and less fetid.

*Continuentur pulvis jalapæ compositus,*

*Vinum et*

*Jus bovine.*

——— *27th.* Alvine evacuation sufficiently abundant; fluid, without scybala, or unusual fetor.

——— *28th.* Has easy nights without screaming or starting; fulness of abdomen gone; is less disposed to pick the nose; countenance clear; eyes lively; appetite natural; belly regular; she is become playful and active.

*Intermittantur pulvis jalapæ compositus, et vinum.*

——— *30th.* Free of complaint, but belly is rather slow, and feces consistent and of a white colour.

*Recipe—Submuriatis hydrargyri,*

*Sacchari utriusque grana tria,*

*Sit pulvis omni nocte sumendus.*

*Recipe—Infusi sennæ,*

*Infusi lini utriusque unciam,*

*Succi spissati glycyrrhizæ, drachmam dimidiam*

*Sit mistura, omni mane sumenda.*

*January 31st.* Alvine evacuation has been more than usually copious; it is lumpy and of a whitish colour, without fœtor; her looks continue to improve in respect of colour and liveliness of countenance; easy nights.

*Continuentur infusum sennae et pulvis.*

*February 1st.* Alvine evacuation less abundant than that of yesterday; it is still lumpy, but of a natural colour.

*Repetantur submurias hydrargyri et infusum sennae.*

—— 2d. Feces in respect of quantity and appearance correspond with the description of yesterday.

*Repetantur medicamenta.*

—— 3d. Full alvine evacuation of the consistence and appearance last described; she continues free of complaint.

*Habeat pulveris radices jalapae, unciam in doses viginti quatuor divisam.*

*Signa,* laxative powders; one occasionally, so as a regular alvine evacuation is procured.

Dismissed cured.

## TRADES MAIDEN HOSPITAL,

*September 25th, 1805.*

ABOUT the middle of August last, Euphemia Winter, one of the children entertained in this Hospital, twelve years of age, complained of severe headach, sickness, and constant vomiting of the contents of the stomach. Mr Wood, surgeon of the Hospital, asked me to visit her, which I did a few days after the appearance of the above symptoms. She was confined to bed. She appeared to be languid; her eyes were heavy, but she was strongly susceptible of the impression of light, which gave her much uneasiness; her pulse was feeble. With these she laboured under prostration of appetite, want of sleep, and obstinate costiveness.

She had been taking pills of calomel and rhubarb, with little effect on her bowels; but her mouth became sore, and her breath acquired the mercurial fetor.

We were not without apprehensions for the event of these symptoms, which seemed to us to indicate approaching hydrocephalus. We put our patient on a course of aloetic pills, of which ten grains were frequently



frequently given for several days together, and the calomel was omitted. The alvine discharge became more copious ; it was peculiarly fetid, and of a dark green colour. The propensity to vomit having subsided ; powder of jalap in doses of fifteen grains, repeated at short intervals, was substituted for the aloetic pills.

Under this course, the belly became more and more regular ; till at last natural motions were procured ; and the different complaints gradually abated. In four weeks from the first attack, this girl, furnished with proper purgative medicines, went to the country, for the complete re-establishment of her health.

ST. ANDREW'S SQUARE,

*September 18th, 1805.*

MY DEAR SIR,

I shall be happy to give you an account of the case of my daughter, whom you, and Mr Benjamin Bell did me the favour to attend, in summer 1803. The child was then about three years old, and had been falling off in her health, some time before you saw her. She was then pale and languid, with a quick pulse, loaded tongue, and impaired appetite. But as she was reported to have had regular and daily evacuation of her bowels, none of these symptoms were ascribed to costiveness. Soon after you began to visit, however, you suspected an accumulation of feces, to be the chief of her complaint, and wished to treat the case, according to this view. But, notwithstanding every proper remedy was employed without loss of time, she got gradually worse for some days; till at last she showed some tendency to stupor, accompanied with pain in her head, and throbbing of her temples. The presence of these symptoms suggested a suspicion of an incipient attack of hydrocephalus, which made so strong an impres-  
sion

sion upon the attendants, that leeches were applied to the head, and the blood discharged, produced some temporary relief. Notwithstanding all these variations in the symptoms, however, you still continued steady to your original opinion, and persevered in the practice of giving laxative medicines. Perseverance in this plan, gradually unloaded the bowels, from a quantity of feculent matter, which appeared to have been lodged for a considerable time, and procured very manifest relief. From the time of this salutary discharge, the symptoms became daily more moderate, till at last the recovery was complete.

Upon reviewing all the circumstances of this case, which naturally attracted much of my attention, I regard it as a satisfactory illustration of your opinion, respecting the effect of costiveness, in exciting much distress, and in producing symptoms which counterfeit diseases, that are generally supposed to have a very different origin. I am

With much respect,

My dear Sir,

Ever, most sincerely,

Yours, &c.

JAMES RUSSEL.

*Dr. James Hamilton.*

NEWINGTON.



NEWINGTON-HOUSE,  
*September 20th, 1805.*

DEAR SIR,

As you favoured me with the perusal of the manuscript, which you are about to publish, on the utility of purgative medicines in certain diseases; and as the practice, which you inculcate meets with my approbation; I think it right to communicate to you a remarkable instance of the good effects of this practice, which has recently occurred to me, in one of the most fatal diseases with which we are acquainted.

On Wednesday, the 4th instant, I received an anxious call from a family newly arrived at one of our hotels, from the distance of forty miles, with their eldest daughter, a girl of about eight years of age; who had become unwell on Saturday the 24th of August last.

Her symptoms, when I visited her, were, severe headach, greatly aggravated by motion. Pulse 96, and irregular; the pupil of each eye, was more di-

P lated

lated than in health, scarcity of urine, an uncommon dryness of the skin; and no discharge from the nose.

All the remedies that are commonly used in ordinary cases of headach had been prescribed, without any advantage; such as the local discharge of blood by leeches; the discharge produced by a blister, and gentle doses of calomel and jalap.

The symptoms being aggravated by the journey; I again advised leeches to be applied, and a laxative of calomel and jalap to be given; which operated properly, and afforded relief. The head was likewise shaved; but the case being highly important, I advised an early consultation, which being agreed to by the family, Dr. Monro, senior, and Mr. James Ruffel, surgeon, one of my partners, met with me, accordingly, next morning. The opinion adopted at this consultation, was, that the symptoms were those of hydrocephalus internus. We directed a grain of calomel, and the same quantity of the powder of foxglove, to be given three times a day; a drachm of the stronger mercurial ointment to be rubbed on her limbs, evening and morning; a blister to be applied to the crown of the head; and the powder

powder of betony to be used as snuff, in order to excite a discharge from the nose.

This plan was continued, and in the course of the third day, the gums were red and swelled, but still no benefit was derived from the mercury. The pain of the head had been relieved by the leeches, but it soon became as violent as before; the iris was, in a considerable degree, insensible to the stimulus of light, and the pulse was quick and irregular.

With these symptoms, she now complained of severe pain in her bowels, which led to the suspicion, of their being oppressed with an accumulation of feces, notwithstanding the laxatives which had already been given. A full dose, therefore, of an infusion of senna was exhibited, on the morning of the 9th instant. Next day, we found that the senna had purged briskly, not less than nine times; and at every motion, that a large quantity of black coloured feces, fully formed, and uncommonly fetid, had been discharged.

Perceiving that she was relieved, her head being less pained, and the pulse more regular, another dose of senna was given, early in the forenoon of the 11th; and the mercurial medicines were omitted.



This dose also, operated briskly, and brought off, notwithstanding the large evacuations of the preceding day, six or seven copious stools, all of them uncommonly fetid, and of a dark colour. She suffered much from sickness, oppression, and gripes, during the operation of both doses of senna; but immediately after the last dose, every symptom of disease vanished. The headach was felt only on quick motion; her eyes recovered their natural appearance; her pulse was regular; and she became equally alert, as in her best health.

On the 12th she had a third dose of senna, not however, so strong as the preceding ones; but nevertheless it procured three or four stools, less fetid than the former, and of more natural appearance.

On the morning of the 13th, our patient informed us, that she was cured of all her complaints. And her mother, who watched her carefully in every state of her illness, said, that ever since the violent purging, produced by the senna, on the first exhibition of it, she, as well as the servants, had remarked, that a disagreeable noise which took place, during the sleep of our patient for several years, and which was occasioned by the grinding of the teeth, had ceased.

As our patient continued perfectly well ; she was permitted to return to the country, on the 17th instant. Her mother was directed to give her repeated laxatives for some time, to prevent immediate accumulation of the feces ; and to interpose them on any occasion in future, when the stools appeared to be unnatural, or not sufficiently copious.

I remain, dear Sir,

Your's, faithfully,

BENJ. BELL.

Dr. HAMILTON,  
4, Nicholson's Street, }  
Edinburgh.

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The mother of this girl, wrote to Mr Bell on the 29th October 1805, to the following effect :

“ Dear Sir,

“ As you were so good as request me to let you hear again of my little girl, I trouble you with a few lines, to say, she is now almost quite well ; indeed

when she does not take too much liberty with herself, she is entirely well. I was impatient when I last wrote you; but your answer was very satisfactory, and has turned out exactly true. It must be admitted that purgative medicines have been her cure, which I find necessary to continue once a week, but hope as she gets stronger, these may be got rid of.

I remain, Dear Sir,

Your humble Servant,

— — — ”

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THESE cases, from Mr. Ruffel and from Mr. Bell, gentlemen in full practice, and of high professional respectability, are singularly important. The practice therein set forth, coincides with, and corroborates the sentiments which I entertain respecting marasmus, as inducing, or as connected with hydrocephalus internus. Stronger and more decided proofs of the utility of purgatives, given in these instances, which



which had so much of the character and appearance of hydrocephalus, cannot be desired. They give a confidence in the prosecution of a simple practice, which, when fully established, as I doubt not it will be, will rob this scourge of infancy, of childhood, and early youth, of much of the terror which its dreaded approach has hitherto been wont to inspire, by removing in many instances a tendency to a disease, for which, when once fully formed, we are without a remedy.

## APPENDIX.

No. V.

## CASE OF CHLOROSIS.

EDINBURGH, 30th *October*, 1805.

A YOUNG LADY, about 14 years of age, *of a very delicate constitution*, and small growth, never menstruated, had for many months been pale and emaciated, and affected with a preternatural quickness of pulse; she had been subjected to the ordinary treatment employed in chlorosis; about the middle of *October* her pulse was so high as 140 in the minute; her stomach soon became very irritable, and for some weeks she retained nothing; whatever she took was rejected in the course of a few hours in a very undigested state; she was reported to have been rather costive; was ordered effervescing draughts, with a glyster at bed-time.

*October*

October 31st. Much the same.

*Recipe—Masse pilularum stomachicarum grana duodecim,  
Calomelanos grana duo.*

To be taken about mid-day ; had one scanty bound stool in the evening, of a very dark colour and almost in the state of scybala.

November 1st. Not much relieved ; pills were repeated ; had four or five dark coloured stools ; belly tense towards evening.

An injection in the evening.

—— 2d. Had some passage early in the morning ; the last not so dark coloured.

*Continue iter haustus salini.*

*Repetantur pilulae cras mane.*

—— 3d. No vomiting for 24 hours ; three evacuations of a dark colour, not very copious.

—— 4th. No vomiting ; pain and tension of lower belly.

*Repetantur pilulae statim.*

—— 5th. No return of vomiting ; had a darkish passage late in the evening.

November



November 6th. No return of vomiting.

*Habeat massae pilularum stomachicarum grana quindecim.*  
*Calomelanos grana tria.*

——— 7th. Appetite improved; in the evening a copious stool, more natural than any of the former; pulse about 96.

——— 8th. Much the same; took six drachms of rochelle salts in the morning, which did not operate; had an injection in the evening which brought off but little; this however was more natural in colour and smell.

——— 9th. Continues better.

*Repetantur pilulae stomachicae ad grana quindecim.*  
*Calomelas ad grana tria.*  
*Capiat statim.*

——— 10th. Had a copious stool, figured and dark coloured.

*Capiat cras mane ex cyatho, aquae uncias quatuor sequentis solutionis.*

*Recipe—Tartari solubilis uncias tres.*

*Salis polychrestii unciam dimidiam.*  
*Aquae libram.*

November

November 11th. Vomited the solution.

*Omittatur solutio.*

*Recipe—Magnesiae,*

*Pulveris corticis peruviani ana drachmas duas.*

*Aquae uncias quatuor. Misce.*

*Capiat unciam meridiæ.*

——— 12th. No vomiting; gums still slightly affected.

The patient continued easy and rather improving in health; but stools never quite natural, and even at the last occasionally passing some indurated feces and scybala till she went to the country on the 2d of December. She was advised to continue the use of purgative medicines. Mr. Russell has lately informed me, that this patient quickly recovered perfect health, under the use of the purgatives which had been recommended.

## APPENDIX,

## No. VI.

## CASES OF HÆMATEMESIS.

*Royal Infirmary, Feb. 18th 1805.*

*MARY MUNRO, Ætatis 28.*

Has pain and sense of weight at the scrobiculus cordis, increased on pressure. Headach and vertigo, vomiting of ingesta, and sometimes, by account, grumous blood, to a considerable extent, is brought up by coughing—much debility, and lowness of spirits—appetite impaired—pulse 80—skin cool—belly habitually costive—catamenia regular, and rather profuse



profuse—says she has had stomachic complaints, more than a year and a half—the discharge of blood occurred first about the beginning of this winter, preceded by occasional epistaxis for a month before—has used no remedies before admission, but has taken a bolus since, which procured a dark greenish stool.

*Habeat pilulas aloeticas tres omni trihorio.*

Feb. 19th. By account, two dark greenish coloured stools have been passed this morning.

*Continuentur pilulæ aloeticæ, ut heri præscriptum.*

—— 20th. Twelve pills taken—five copious dark greenish coloured stools—stomachic symptoms, headach, and vertigo are relieved—pulse calm—no vomiting.

—— 21st. No stool—no vomiting—weight at epigastrium—pulse calm.

*Repetantur pilulæ aloeticæ, ut supra præscriptum.*

—— 22d. Several stools of more natural appearance—no return of vomiting—stomachic symptoms still more relieved, and expression of countenance more lively.

Feb.

Feb. 23d. No stool—apparently convalescent—  
appetite good.

*Recipe—Sulphatis magnesiæ drachmas tres,*

*Supertartritis potassæ drachmam unam. Misce.*

*Sumantur omni mane, ex aquæ uncüs sex vel octo.*

—— 26th. Belly has been regular—appetite has  
continued good, and to all appearance she has been  
free of complaints.

*Habeat pulveris jalapæ compositi uncias duas, in doses triginta  
duas divisas.*

*Signentur,* one each morning.

Dismissed cured.

*Royal Infirmary, April 28th 1805.*

*JEAN CLARKINSON, Ætatis 29.*

COMPLAINS of a general forenefs in her breast, with great oppreffion about the præcordia, headach, and fome degree of languor. Says ſhe has been affected for three weeks, with frequent vomiting of fluid and dark coloured blood, ſometimes to the amount of a pound or more—that ſhe has always vomited more or lefs, every day during that time. At preſent ſhe has little or no cough; but when ſhe firſt became affected, ſhe had a ſevere cough, with great hoarſeneſs.

Pulſe at preſent 66, and very weak—tongue white—belly habitually coſtive—appetite impaired—catamenia natural.

Attributes her complaints, to carrying heavy loads of coals—has been uſing the pulvis cinchonæ, with porter, without relief.

—— 29th. A ſmall diſcharge of blood, brought up apparently without retching—no ſtool ſince admiſſion.



*Habeat statim bolum jalapæ compositum cum mercurii granis octo—sera nocte, nisi prius soluta fuerit alvus, enema domesticum. Juris bovini libram vel alteram indies.*

*April 30th.* General foreness of breast—oppression about præcordia—headach and faintness are relieved—pulse firmer, and expression of countenance more lively—a copious, fetid, dark and greenish coloured alvine evacuation—no vomiting.

*Habeat pilulas aloeticas duodecim; sumat tres omni biborio; et pilulis sumptis, repetatur enema; ut heri.*

*May 1st.* Injection not given—has had two pretty copious stools—feces formed, but still of a dark and greenish colour—uneasiness of præcordia—oppression of the breast, and headach are still more relieved—no vomiting.

*Vespere repetatur bolus jalapæ compositus, ut supra præscriptum, et cras primo mane habeat tartiitis sodæ et potassæ unciam ex aqua.*

—— 2d. No vomiting—in other respects, free of complaint—a very copious alvine evacuation since morning, and of more natural appearance than hitherto.

*Repetantur cathartica ut heri præscripta.*

*May*

May 3d. Has had pretty full alvine evacuation ; somewhat costive, but in colour, more approaching the natural. Is free of complaint.

*Habeat pulveris jalapæ drachmas quatuor in doses oEoddecim divisas.*

*Signentur*, one occasionally.

Dismissed cured.

*Royal Infirmary, April 11th 1805.*

*MARTHA IRVINE, Ætatis 23.*

Says, that on Sunday, the 27th ultimo, she became affected with great difficulty of breathing, severe pains through her chest, and a sense of great weight about the region of the stomach; which complaints were immediately succeeded by violent retching, when she discharged a quantity of clotted blood, and immediately felt herself relieved. On the ninth, the above symptoms recurred, and she vomited about a pound of liquid, which, in every respect, resembled pure blood; and yesterday she discharged nearly the same quantity; since which time, she has been pretty easy—Complains at present, of a general forenens in her breast—of a sense of great weight in her stomach—frequent cough, and occasional headach—pulse 72, and weak—tongue white—belly, by account, has been regular, and catamenia natural—attributes her complaints to fatigue, and carrying heavy loads—has used no medicines.

—— 12th. Cough, by account, is of a fortnight's duration, and has been accompanied with pain about the



the middle of the sternum—no stool since admission—tongue clean—pulse calm and feeble.

*Habeat emulsionis communis libram unam indies.*

*April* 13th. No stool—no vomiting—cough has become less frequent, and by subsequent account, the pain mentioned yesterday, seems to be seated about the scrobiculus cordis. Headach is increased, and she complains of oppressive sickness—pulse towards 90, and firmer.

*Continuetur emulso.*

—— 14th. Has had neither vomiting, nor evacuation by stool—cough nearly gone—headach, and much sickness continue.

*Continuetur emulso communis.*

—— 15th. Has had neither passage of belly, nor vomiting—complains of severe headach and sickness—oppression and pain of epigastrium—cough gone—pulse calm.

*Habeat enema purgans. Omittatur emulso.*

—— 16th. Headach and oppression of præcordia continue—sickness relieved—no vomiting—copious alvine discharge after the injection.

*Habeat quam primum bolum jalapæ compositum, cum mercurii granis decem; et sera nocte, nisi fluxerit alvus, enema domesticum.*

*April 17th.* Headach and oppression about præcordia are much relieved—expression of countenance lightened—very copious, consistent, dark coloured alvine evacuation.

*Repetatur quam primum bolus necnon enema, ut heri.*

—— *18th.* Alvine evacuation similar to that of yesterday injection not given—vomiting of blood has not recurred, and she is free of complaint.

*Repetatur bolus, ut supra præscriptum.*

—— *19th.* Alvine evacuation resembling the last, but in smaller quantity—no recurrence of complaint.

*Habeat pilulas ex aloe et colocynthide duodecim.*

*Signentur, two every night.*

*Dismissed cured.*

---

I did not doubt the veracity of this patient, Martha Irvine.—Her symptoms and her appearance convinced

convinced me that she laboured under hæmatemesis; but I was willing that the existence of the disease, should be placed beyond a doubt, by the actual discharge of blood, in order, that my practice, which was to follow, might be more decidedly conclusive in favour of purgative medicines, in this disease. I therefore temporised for the first four days. But her sufferings increasing, commiseration for my patient made me desert my scheme. I could not longer withhold the certain means of relief which I had at command. In five days from my first employing these, she left the Hospital, in perfect health.



*Royal Infirmary, Nov. 6th 1805.*

*BETTY ROBERTSON, Ætatis 20.*

Complains of a sense of weight, and great uneasiness about the chest and præcordia, headach, and great languor. Her eyes are dull—her countenance pale, and expressive of much distress—has some difficulty in breathing, but little or no cough—says that in the course of last night and this morning, she has discharged, by vomiting, a considerable quantity of pure liquid but dark coloured blood—pulse quick and soft—tongue white—belly habitually slow, and for the last four days she has had no stool—catamenia natural—knows of no cause for her complaints.

*Habeat quam primum pilulas aloeticas duodecim.*

*Sumat tres omni triborio.*

—— 7th. Uneasiness about the præcordia, and sense of weight somewhat relieved—headach gone—pills taken—one costive dark coloured and fetid stool—no recurrence of bloody discharge.

*Recipe—Sulphatis magnesiæ drachmas quinque,*

*Infusi sennæ uncias duas,*

*Infusi*

*Infusi lini uncias quatuor.*

*Misce. Sumat uncias duas omni hora.*

*Nov.* 8th. By mistake the mixture was omitted—no stool since yesterday—slight return of hæmatemesis—complains more of uneasiness and tightness across the chest.

*Habeat statim solutionem cathartica ut heri præscriptum est.*

—— 9th. Solution taken—as yet no stool—severe attack of hæmatemesis last night, followed by relief of previous uneasiness and stiffness in the chest; but she complains of a general foreness about the inferior part of the sternum.

*Habeat pilulas aloeticas octodecim,*

*Sumat tres omni bihorio.*

—— 10th. One costive stool this morning—no return of hæmatemesis—nine pills taken.

*Continuentur pilulæ aloeticæ.*

—— 11th. The eighteen pills taken with the effect of only one costive stool—but complains less of uneasiness—no hæmatemesis.

—— 12th. Complains of severe pain about the scrobiculus cordis, of slight cough, and general un-

easiness—pulse quick and sharp—tongue white—no stool—no vomiting.

*Habeat pilulas laxantes quatuor omni biborio ad quintam vicem.*

Nov. 13th. Twenty pills taken—one scanty stool has been voided—and at three different attacks, about ten ounces of pure blood have been discharged.

*Enema purgans vespere.*

*Recipe—Sulphatis magnesiæ unciam,*

*Supertartritis potassæ drachmas duas,*

*Solvantur in aquæ libra, cujus sumat uncias quatuor  
omni semihora post enema redditum.*

—— 14th. A fluid and rather scanty stool after the injection—another since morning, also fluid and dark coloured, with numerous small scybala floating in it.

*Recipe—Tartritis sodæ et potassæ uncias duas,*

*Infusi sennæ uncias quatuor,*

*Infusi lini libram cum semisse,*

*Sit solutio, cujus sumat uncias quatuor omni hora.*

—— 15th. The whole of the solution being taken, pretty copious alvine evacuation has ensued—the first part of which is fluid, dark coloured, and fetid, containing several scybala. The latter part is also fluid and fetid with similar scybala, but it has a  
more



more natural appearance—expression of countenance lightened—no hæmatemesis

*Repetatur solutio cathartica ut heri.*

—— 16th. Alvine evacuation since yesterday rather scanty, fluid, without fecyala, and more natural in respect of colour and odour—no hæmatemesis—solution taken.

—— 17th. Has had pretty copious alvine discharge since yesterday—natural in respect of colour and smell—no hæmatemesis—free of complaint.

*Recipe—Pulveris rhei grana duodecim,*

*Ipecacuanhæ grana duo..*

*Capiat omni mane.*

—— 19th. Free passage of belly—appears lively and cheerful—no hæmatemesis.

—— 20th. Dismissed cured.

Mr. James Law, one of the surgeons of the Royal Infirmary, and surgeon to Edinburgh Bridewell, has obligingly favoured me with the following observations, in a letter addressed to me. They are as follow :

Edinburgh,  
Aug. 1st, 1805.

MY DEAR SIR,

I have accidentally found some slight notices of cases of hæmatemesis, in looking over my Bridewell records. As I had formerly been very unsuccessful in removing this complaint by sulphuric acid, and other astringents ; and as I received the first hint of the practice I now follow, from you, I think it a duty I owe to you and the profession, to lay before you all the information I can, on the subject, that you may make such use of it as you think proper, in your intended publication. I am,

My dear Sir,

Your's ever,

JAMES LAW.

JEAN

## JEAN HAY.

A patient admitted the 21st March, 1804, for rheumatic, and other complaints, was on the 10th of April, seized with vomiting of blood.

*Sumat pilulas aloeticas tres.*

*March* 16th. Vomiting of blood has ceased.

It appears by the records, that this woman, being afflicted with amenorrhœa, and its concomitant dyspeptic symptoms, was put under a course of steel, with occasional laxatives. April 29th, and frequently after this had epileptic fits, which ceased about the 12th of May.

*Sept.* 23d. A return of hæmatemesis, with colic belly.

*Sumat pulveris jalapæ compositi drachmam.*

After this, had several returns, treated with laxatives, and on October 25th, was dismissed from the house, cured.

MARGARET



*MARGARET PEAT, Feb. 12th 1805.*

Has been in the house, since November the 20th, 1804, with venereal and other complaints.

Attack of hæmatemefis.

*Sumat sulphatis sodæ unciam.*

*Feb. 13th.* Salts operated gently, and the vomiting of blood almost gone.

—— 15th. Hæmatemefis more severe.

*Sumat pilulas aloeticas duas, nocte et mane.*

—— 17th. Continued the pills, till they operated fully, and produced eight stools—hæmatemefis gone.

—— 21st. No return of hæmatemefis.

N. B. In this case also, there was amenorrhoea.

## APPENDIX.

No. VII.

## CASES OF CHOREA.

*Royal Infirmary, Aug. 2d 1802.**WILLIAM SINCLAIR, Ætatis 10.*

Affected with irregular involuntary motions of the superior extremities, and occasionally with a diseased action of the muscles of the face, producing great distortion in the expression of the features, attended with flushing in the face, pain in the occiput, and difficult articulation. Although he cannot stand erect

erect without being supported, yet he possesses in some degree the command over the inferior extremities, and was observed, before this took place, to drag one leg after the other. He seems much debilitated—belly is somewhat tense and tumid—pulse about 90, rather feeble—appetite impaired—belly regular, but the stools in small quantity. He was taken ill a fortnight before admission, and within these few days the symptoms have become worse. Has used no remedies.

*August 3d. Recipe—Mercurii dulcis grana tria,  
Pulveris jalapæ grana decem.  
Fiat pulvis, cras primo mane sumendus.*

—— 5th. The stools of yesterday and this morning are copious, and of natural appearance—belly is less tense—pulse calm—irregular motions and pain of occiput continue, but he walks with more steadiness.

*Cras repetatur pulvis à jalapa cum mercurio.*

—— 6th. One feculent stool since morning—headach and irregular motions nearly the same—his step is still more steady and firm.

—— 8th. Has continued convalescent.

*Habeat*



*Habeat mercurii dulcis grana decem,  
Sacchari scrupulos duos.*

*Intime misceantur et dividantur in doses octo.*

*Signa, one every night.*

*Dismissed cured.*

*Royal Infirmary, Sept. 12th 1803.*

*ELIZABETH LAURIE, Ætatis 14.*

Is affected with almost constant involuntary motions of the left arm. The muscles of the face are also involuntarily contracted, and in walking she is observed to drag the left leg after her—articulation is at times impeded—skin of natural heat—pulse 75—belly, by account, regular—has laboured under this complaint two weeks; it was preceded by headach and spontaneous vomiting. She has used some medicines, with the nature of which she is unacquainted.

*September 13th. Habeat quam primum bolum è jalapa cum mercurio. Sera nocte, ni solvatur alvus enema domesticum.*

—— 14th. Several copious feculent but fetid stools.

*Habeat omni nocte pilulas aloeticas tres.*

—— 15th. One stool in the course of the evening. Involuntary motions abated.

*Repetantur pilulæ aloeticæ, vespere; et sumat, cras mane, infusi sennæ uncias tres.*

*Sept.*

Sept. 16th. Has had free passage of belly—stools more frequent, but still fetid—motions more staid.

*Repetantur pilulæ aloeticæ et infusum sennæ.*

—— 17th. Walks with increasing firmness and vigour—irregular motions of left arm continue—no stool.

*Habeat quam primum haustum ex oleo ricini.*

*Repetantur pilulæ aloeticæ et infusum sennæ.*

—— 18th. *Continuentur pilulæ et infusum, ut heri præscriptum.*

—— 19th. No stool—involuntary motion of left arm aggravated.

*Habeat quam primum bolum è jalapa cum mercurio.*

*Intermittantur pilulæ aloeticæ et infusum sennæ.*

—— 20th. Consistent fetid bilious stool—rejected the bolus by vomiting.

*Pilulas aloeticas duodecim; sumat duas omni quadrihorio.*

—— 21st. No stool.

*Continuentur pilulæ, ut heri.*

—— 22d. Passage of belly in the course of yesterday—motions of the arm more steady.

*Continuentur pilulæ, ut heri.*



Sept. 24th. Belly open—stools of firm consistence, dark colour, and still fetid—irregular motions still more relieved.

*Continuentur pilulæ aloeticæ.*

—— 26th. No stool since the 24th. Pills have been regularly taken.

*Habeat vespere enema purgans; et cras mane infusi sennæ uncias quatuor, duabus vicibus.*

*Intermittantur pilulæ aloeticæ.*

—— 27th. Three natural stools.

*Habeat pulveris jalapæ compositi uncias duas; divide in doses sedecim.*

*Signa*, one every morning.

Dismissed cured.

*Royal Infirmary, Dec. 28th 1803.*

*THOMAS WYLIE, Ætatis 9.*

Has constant irregular and involuntary motions of both superior and inferior extremities; the right side seems to be more affected than the left; these motions continue during sleep; when he walks, he has the appearance of dragging the one leg after the other; his head is also occasionally moved involuntarily, with twitchings in the muscles of his face, and some difficulty of articulation. Pulse natural—belly open. These symptoms have been present eight days; the right side was first affected. He has used some calomel powders.

*Dec. 29th.* Several small dark coloured stools since admission.

*Habeat bolum e jalapa cum mercurio.*

—— *30th.* But a scanty feculent discharge, preceded by vomiting—much thirst—tongue white— involuntary motions continue; not interrupted during sleep—appetite indifferent—pulse feeble.

*Repetatur bolus e jalapa cum mercurio.*

*Jusculi bovini libram, indies.*

*Dec.* 31st. Two stools, both scanty, of a pale yellow colour and somewhat tough consistence; involuntary motions are less violent and disappear during sleep. He walks more steadily.

*Repetatur bolus e jalapa cum mercurio.*

*Jan.* 1st, 1804. Two stools, the first pretty copious, and much resembling those of yesterday—involuntary motions more abated—appetite continues indifferent.

*Repetatur bolus e jalapa cum mercurio.*

—— 2d. Involuntary motions more abated, and movements more steady and firm—two or three small stools, of a pale colour.

*Sumat pilulas aloeticas duas, omni trihorio.*

—— 3d. Copious feculent discharge, of natural appearance—eyes more lively, and countenance of more healthy appearance—involuntary motions nearly gone—appetite improves—ten pills taken.

*Continuentur adhuc pilule aloeticæ usquedum iterum plene dejiciatur alvus.*

—— 4th. Has had farther copious, and, to appearance, natural alvine discharge—appetite still mending, and involuntary motions subsiding.

*Inter-*



*Intermittantur pilulæ aloeticæ.*

A little beef-steak to dinner.

—— 7th. Has continued convalescent.

*Pilulas aloeticas viginti quatuor.*

*Signa*, one or two every night.

Dismissed cured.

*Royal Infirmary, Dec. 5th 1804.*

*DAVID ANDERSON, Ætatis 8,*

Is subject to violent irregular and involuntary motions of the muscles of the head, eyes, lower jaw, abdomen, both superior and inferior extremities, which attack him by fits, at intervals of two or three hours, and are from ten minutes to an hour in duration ; these motions sometimes appear to be general, at other times they are confined to the head and lower jaw, producing gnashing of the teeth ; at other times, to one or both of the superior and inferior extremities ; and sometimes only to the muscles of the abdomen. By account, they occasionally terminate in sopor. During sleep, the motions cease, and he commonly awakes with a scream. He is much debilitated and emaciated—complains of pain of abdomen—appetite not impaired—skin cool—pulse 120—belly by account regular.

About a month ago, he began to complain of general pains and uneasiness, with slight pain of throat and of the lower jaw ; and about eight days ago was suddenly seized with a fit similar to those described  
above,

above, beginning with a loud scream, and lasting about four hours—such have continued to prevail since that time.

His head has been shaved, and vinegar applied to it. Took a dose of physic, which produced several stools of a greenish appearance and fetid smell.

*Habeat bolum e jalapa cum mercurio.*

Dec. 6th. Refused the bolus—jaw is at present fixed, and general spasm affects the body.

*Recipe—Submuriatis hydrargyri scrupulum,*

*Sacchari albi drachmam.*

*Tere intime, et divide in doses duodecim, quarum sumat unam, omni bihorio.*

—— 7th. Trismus and spasm were of short duration—involuntary motion of the muscles of the abdomen and of the lower jaw continue—one rather costive, but pretty copious fetid and green stool—uses little food—eight powders taken.

*Repetantur pulveres e submuriate hydrargyri, ut heri sumendi, usque dum iterum solvatur alvus.*

*Habeat juris bovini libram,*

*Seri vinosi libram et dimidiam, indies.*

—— 8th. Irregular motions as yesterday, but trismus and spasm have not recurred—two scanty stools resembling those of yesterday—pulse 90, of moderate strength—fourteen powders taken.



*Recipe—Tincturæ jalapæ unciam et dimidiam,  
Syrupi drachmas sex,  
Aquæ uncias duas.*

*Sit mistura cujus porrigatur uncia dimidia, omni hora.*

*Habeat cerevisiæ (Porter) libram, vice feri vinosi.*

*Dec. 9th.* Alvine discharge has been scanty, and of a dark brown colour—complains still of occasional pain of abdomen—irregular motions in appearance nearly the same, but by account less frequent, less violent, and of shorter duration—has taken only about half of the mixture, and nourishment is almost entirely declined—mouth does not appear affected.

*Utatur bis vel ter indies balneo tepido, et repetatur submurias hydrargyri ut supra præscriptum.*

—— *10th.* Has had the bath twice, which he bore well—one pretty copious consistent green coloured and fetid stool—seven powders taken—mouth sore with mercurial fetor—has taken more nourishment—irregular convulsive motions as described yesterday.

*Continuetur balneum tepidum, mane et vespere.*

*Repetatur mistura cum tinctura jalapæ, ut supra præscriptum.*

—— *11th.* One dark coloured consistent fetid and rather scanty stool since yesterday—irregular motions disappeared during the whole of yesterday,  
and

and at present affect only the muscles moving the head—pulse good—more nourishment taken, but he has refused altogether the laxative mixture.

*Continuetur balneum. Intermittatur tinctura jalapæ.*

*Dec. 12th.* Has had two stools of more natural appearance, and less fetid than hitherto—irregular motions continue, but are still less frequent and less severe—spasm resembling tetanus, by account, occurred while in the bath—continues to take food, but declines the beef-tea and porter.

*Recipe—Magnesie usæ,*

*Sacchari, utriusque drachmas duas,*

*Aquæ uncias sex.*

*Sit mistura partitis vicibus indies porrigenda.*

*Intermittantur jusculum bovinum, cerevisia (Porter), et balneum tepidum.*

A little beef-steak to dinner.

—— 13th. Has taken the mixture sparingly, and has had no stool—irregular motions confined to the muscles moving the head and lower jaw, and appear to be somewhat under command.

*Repetatur mistura e magnesia, ut heri præscripta.*

—— 14th. Mixture, as prescribed, has been nearly taken—no stool—irregular motions as last described—mouth continues affected.

*Dec.*

*Vespere injiciantur per anum enematis domestici unciae decem.*

*Imponatur vesicatorium nuchæ.*

*Recipe—Tincturæ jalapæ,*

*Aquæ, utriusque unciam,*

*Syrupi unciam dimidiam,*

*Sumat hujusce unciam dimidiam, subinde.*

*Intermittatur magnesia.*

*Dec. 15th.* A copious feculent alvine discharge, of more natural appearance and smell than hitherto—motions continue more moderate, and less frequent in their attack—appetite is improving—blister not yet moved.

*Repetatur tinctura jalapæ, ut heri.*

—— *16th.* A pretty copious, costive, and light coloured stool—blister answered well—mouth still affected, and irregular motions as last described.

*Repetatur mistura e tinctura jalapæ, ut supra præscripta.*

—— *17th.* A copious stool, similar to that of yesterday—irregular involuntary motions by account much declined, with improving appetite—mouth mends.

*Repetatur mistura e tinctura jalapæ.*

—— *18th.* Mixture taken—a more copious and clay coloured stool than the two former.

*Repetatur tinctura jalapæ.*

*Dec.*



*Dec.* 19th. Alvine discharge copious, consistent, and clay coloured—motions continue to abate, and appetite still to improve.

*Continuetur mistura tincturæ jalapæ, indies.*

—— 21st. A stool yesterday, similar to the preceding one—none since.

*Addantur misturæ tincturæ jalapæ drachmæ duæ.*

*Habeat vini rubri uncias quatuor.*

—— 22d. A stool similar to those lately described—irregular motions are still less frequent and violent, not without suspicion of their being occasionally induced at will—wine is relished.

*Continuetur vinum necnon mistura e tinctura jalapæ.*

—— 24th. Alvine discharge in abundant quantity, and now of natural appearance—irregular motions have nearly, if not altogether ceased—appetite continues good, and general health is improved.

*Continuetur vinum, necnon mistura e tinctura jalapæ cum tincturæ drachmis sex tantum.*

—— 25th. Continues convalescent—alvine discharge is abundant and natural.

—— 27th. *Habeat tincturæ jalapæ uncias duas.*

*Signa*, laxative tincture, from two to three spoonfuls daily.

Dismissed cured.

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This case, obstinate and protracted, yielded at length to the efficacy of the purgatives ; although, from the extreme puny and debile state of the child, they might have been supposed to have been improper. The danger was great, from the weakness of my patient, as well as from the violence of the symptoms ; but I was not deterred from employing the only remedies that I knew could save him.

*Edinburgh, March 2d, 1805.*

*ANNE ROSS, Ætatis 10.*

Of the above date, I visited this girl.

She had a pale complexion, a dull eye, a vacant expression of countenance. After previous bad health, she had laboured, for six weeks, under involuntary motions of the muscles moving the trunk of the body, and the superior and inferior extremities, which, although slight in the beginning, had now become violent and irregular, and did not cease altogether, during sleep. She could not articulate—muscular flesh was loose, but not wasted—abdomen was hard and prominent—appetite was keener than when in health; and her belly was said to be regular.

*Sumat massæ pilularum aloeticarum grana quindecim, omni trihorio.*

*March 3d.* Forty five grains of the above mass taken.

One copious, consistent, dark coloured stool.

*Continuentur pilulæ aloeticæ.*

Light nourishing diet to be used.



*March* 4th. Fifty grains of the aloetic mass have been taken.

One stool, consisting of many scybala floating in a dark coloured fetid fluid, has been passed.

*Continuentur pilulæ aloeticæ.*

— 5th. I found the involuntary motions as described, but was informed that they had been less violent in the course of the preceding afternoon.

Swelling and hardness of abdomen somewhat subsided—a scanty alvine discharge has taken place. The stool was fluid, and approaching the natural appearance—forty-five grains of the aloetic mass have been taken.

*Continuetur pilulæ aloeticæ.*

— 6th. Forty grains of the aloetic mass have been taken—one stool rather fluid, but, in respect of appearance, more natural than hitherto—appetite still keen—involuntary motions ceased last night, during sleep.

*Recipe—Gummi aloes drachmam unam,*

*Calomelanos,*

*Saponis, singulorum scrupulum unum,*

*Mucilaginis gummi arabicæ quantum satis sit, ut fiat massa, quam divide in pilulas viginti æquales, quarum sumat duas omni bihorio ad quintam vicem.*

*March*

*March 7th.* Fourteen pills taken—one copious, consistent, dark, and fetid stool—an easy night—motions suspended during sleep are weaker and more regular this morning.

*Sumat quid reliqui sit pilularum heri præscriptarum.*

—— 8th. The six pills taken—two stools of dark colour, and in part of a clayey consistence, adhering to the sides of the containing vessel—eye is more languid, and cheeks paler than usual. She cannot as yet articulate—an easy night without motion—mouth somewhat pained with mercurial fetor of the breath.

*Recipe—Foliorum fennæ drachmas tres,*

*Cremoris tartari,*

*Extracti glycyrrhizæ, singulorum drachmam unam.*

*Infunde per horam in aquæ fervidæ unciiis duodecim.*

*Sumat infusi colati quartam partem omni bihorio.*

*Habeat cyathum unum vel alterum vini, (Port,) indies.*

—— 9th. Alvine discharge similar to the last, but more copious—a quiet night.

*Recipe—Calomelanos grana sex,*

*Pulveris jalapæ,*

*Saponis, singulorum grana decem,*

*Mucilaginis gummi arabici quantum satis sit, ut fiant  
pilulæ sex vespere sumendæ.*

*Recipe—Sodæ tartarizatæ drachmas quatuor,*

*Foliorum fennæ drachmas duas,*

*Extracti*

*Extracti glycyrrhizæ drachmam unam,  
Aquæ fervidæ uncias duodecim.*

*Fiat infusum, cras mane, quatuor vicibus sumendum—Continuetur vinum.*

*March* 10th. Pills taken—vomiting succeeded the third dose of the infusion, on account of which it was intermitted.

One fluid fetid dark green coloured stool, accompanied with much flatus—fulness of abdomen more subsided—eyes more lively, and some colour in the cheek—a good night—mouth easier.

*Continuetur vinum; et vespere sumat quid reliqui sit infusi.*

— 11th. Infusion not taken—no stool—an indifferent night. She seems, by description, to have laboured for a short time, under general rigidity—and has been given to involuntary laughter—involuntary motions more violent at times—food taken.

*Recipe—Gambogiæ scrupulum unum,*

*Saponis grana decem,*

*Mucilaginis gummi arabici quantum satis sit, ut fiant  
pilulæ octo.*

*Sumat duas omni biborio, et vespere quid reliqui sit infusi sennæ.*

— 12th. *Continuetur vinum.*

Being sickened by the pills, four of them only were given, and the infusion was not given—she is  
much



much as yesterday ; but the rigidity and involuntary laughter have not recurred—no stool.

*Recipe—Tincturæ jalapæ uncias duas ; cujus sumat quantum capiat coebleare parvum, ex aqua, omni hora.*

*Continuetur vinum.*

*March 13th.* Two thirds of the tincture taken—a fluid stool more natural than hitherto—no sickness—a quiet night—motions less frequent and less violent.

*Recipe—Calomelanos grana sex,  
Pulveris jalapæ grana duodecim,  
Fiat pulvis, vespere sumendus.*

*Recipe—Foliorum sennæ, drachmas tres,  
Extracti glycyrrhizæ drachmam.*

*Infunde in aquæ fervidæ unciis duodecim, quarum sumat quartam partem omni hora cras mane.*

*Continuetur vinum.*

—— 14th. A quiet night ; under greater involuntary agitation than yesterday—gripes and vomiting succeeded the third dose of the infusion—a copious stool of a light green colour, fluid and fetid.

*Repetatur pulvis, ut heri ; et cras mane sumat quid reliqui sit infusi.*

*Continuetur vinum.*

—— 15th. A copious, partly fluid. green-coloured, and highly fetid stool—slight nausea after the infusion

fusion—an indifferent night—motions continue violent—food taken.

*Recipe—Saponis,*

*Aloes, utriusque drachmam, forma in pilulas trigiuta,  
quarum sumat duas omni hora.*

*Habeat enema, quod domi parari solet, vespere.*

*Continuetur vinum.*

*March 16th.* A better night—scanty evacuation after the injection—a copious feculent one this morning—motions less violent.

*Continuentur pilulae ut heri, et vinum.*

*Repetatur enema, et sumat phosphatis sodæ drachmas duas e jussu  
culi bovino, omni trihorio.*

—— 17th. The remaining ten pills, and an ounce and a half of the phosphat of soda have been taken—injection not well received—one scanty, feculent stool—an easy night—fulness of abdomen continues, and motions are less violent.

*Sumat massæ pilularum ex aloe cum colocythis grana duodecim, omni trihorio.*

*Repetatur enema.*

*Continuentur phosphas sodæ et vinum.*

—— 18th. Half a drachm of the above mass, and half an ounce of phosphas sodæ taken—injection better received—a large feculent stool, in consistence

sistence approaching to costive, has been passed—a restless night—motions less violent, and articulation at times distinct—abdomen still full.

*Continuentur pilulæ, phosphas sodæ, enema, et vinum ut heri.*

*Habeat tincturæ opii guttas duodecim, vespere.*

March 19th. One scruple of the mass of pills, and an ounce and a half of phosphas sodæ have been taken—injection retained for some time—a stool, copious as that of yesterday—slept during the first part of the night—restless with much agitation, in the morning, but at eleven A. M. more calm, and motions less violent.

*Continuentur pilulæ, phosphas sodæ, enema et vinum.*

*Omittatur tinctura opii.*

——— 20th. A restless night—involuntary motions more violent; but countenance clear, and eyes lively—fulness of abdomen continues—feculent discharge of more natural appearance, but more scanty.

*Sumat tartritis potassæ et sodæ unciam unam e jussculo bovino par-titis vicibus.*

*Omittantur enema, pilulæ ex aloe cum colocynthide, et phosphas sodæ.*

——— 21st. A better night—motions more staid—a copious alvine evacuation, somewhat costive—



fulness of abdomen not diminished—food and wine taken.

*Capiat tres pilulas ex aloe et calomelane, ut die mensis sexta præs-  
scriptum est.*

*Continuetur vinum,*

*Repetatur tartris potassæ et sodæ, ut heri.*

March 22d. Nearly in the same state as yesterday.

*Continuentur pilulæ, tartris potassæ et sodæ et vinum, ut heri.*

——— 23d. A restless night—motions more irregular and violent—a scanty and unnatural stool—fulness of abdomen continues—looks improve—but she appears to be thinner, and muscular flesh to be more flaccid.

*Capiat pilulas ex aloe et calomelane duas omni biborio—necnon tartritis potassæ et sodæ unciam unam, e juscule bovino partitis vicibus.*

——— 24th. An indifferent night, but motions more staid. Fulness of abdomen continues—a copious alvine discharge, partly of a natural, and partly of a clayey tough consistence—six pills and the Rochelle salts taken.

*Sumat pilulas ex aloe et calomelane tres omni biborio ad tertiam vicem—necnon tartritis potassæ et sodæ unciam unam, e jure bovino partitis vicibus.*

*Continuetur vinum.*

March

*March* 25th. A better night—motions more staid, cease now altogether during sleep—articulation improves, and looks continue lively—fulness of lower abdomen unchanged—a copious alvine discharge, feces are more natural, hard, and in detached pieces, something resembling scybala.

*Sumat omni biborio massæ pilularum ex aloe et colocynthide grana octo.*

*Repetatur tartritis potassæ et sodæ uncia una.*

*Continuetur vinum—omittantur pilulæ ex aloe et calomelane.*

——— 26th. A good night—involuntary motions and fulness of abdomen, as last described—seventy grains of the pills, and the Rochelle salts taken.

Copious fluid alvine discharge.

*Sumat pulveris jalapæ compositi, scrupulum unum omni triborio.*

*Repetatur tartris potassæ et sodæ, necnon vinum.*

*Omittantur pilulæ ex aloe et colocynthide.*

——— 27th. Three doses of the powder, and the ounce of Rochelle salts taken—copious evacuation of feces, of natural appearance, and for the first time, of natural form—a good night, with much refreshing sleep—involuntary motions less violent than hitherto.

*Repetatur pulvis jalapæ compositus, necnon tartris potassæ et sodæ ut heri—continuetur vinum.*

*March* 28th. A good night—motions still less violent—looks are cheerful—a copious, natural, and well-formed alvine discharge.

*Sumat pulveris jalapæ compositi scrupulos duos, ter indies—necnon tartritis potassæ et sodæ unciam et dimidiam, e jure bovino partitis vicibus. Continuetur vinum.*

———— 29th. Jalap and Rochelle salts taken—a quiet night—motions as yesterday—a natural, but a less formed, and less copious alvine discharge.

*Recipe—Pulveris jalapæ compositi, drachmas duas, in doses tres divisas,*

*Sumat unam statim, et alteram vespere; necnon tartritis potassæ et sodæ, drachmas sex, e jure bovino, interdium.*

*Continuetur vinum.*

———— 30th. In respect of sleep, motions, and alvine evacuations, as yesterday—appears to lose flesh, and looks are more wan—articulation does not improve.

*Recipe—Pulveris jalapæ drachmam unam,*

*Divide in doses sex, quarum sumat unam omni biborio.*

*Sumat etiam tartritis potassæ et sodæ drachmas sex e juscule bovino.*

*Continuetur vinum.*

*Omittatur pulvis jalapæ compositus.*

———— 31st. Medicines, wine, and full nourishment taken—wan looks and enfeebled state, continue



—a good night, much quiet sleep – motions weaker, and more under command, than hitherto—a very copious alvine evacuation, in part costive, and not so natural in appearance as late ones.

*Recipe—Pulveris jalapæ, drachmam unam et dimidiam in doses sex divisam; sumat unam omni biborio.*

*Repetatur tartris potassæ et sodæ ut supra, et continuetur vinum.*

*April 1st.* The salts, and five doses of the powder taken—alvine discharge and symptoms, as yesterday.

*Repetatur pulvis jalapæ, necnon tartris potassæ et sodæ. Continuatur vinum.*

——— 2d. Salts and five powders taken—countenance fresh—looks lively—motions still more under command.

*Recipe—Pulveris jalapæ, drachmas duas;*

*Divide in doses sex, sumat unam quater indies.*

*Repetatur tartris potassæ et sodæ.*

*Continuatur vinum.*

——— 3d. The salts and five powders taken—copious, feculent, consistent, and natural alvine discharge.

*Continuentur vinum et pulvis jalapæ, ut heri.*

*Omittatur tartris potassæ et sodæ.*

*April 4th.* Five powders taken—alvine evacuation as yesterday—a quiet night, refreshing sleep—she walks with a steady, but rather feeble gait—involuntary motions, but to no extent, of the superior extremities continue, those of the trunk of the body are gone—fulness of abdomen almost subsided.

*Habeat pulveris jalapæ, scrupulum unum ter indies. Intermittatur vinum.*

*Multum apricetur, cælo, nunc temporis, benigno existente.*

———— 5th. Four scruples of the powder of jalap taken; sickness and slight vomiting—natural alvine evacuation—fulness of abdomen gone—motions regular and voluntary—power of articulation much recovered—looks lively; she enjoyed the open air much, and she walked a little.

*Sumat omni mane, pulveris jalapæ scrupulum unum.*

———— 9th. Eyes clear—countenance expressive of vivacity—power of articulation recovered—motions regular and voluntary—daily alvine evacuation in full quantity—stools are formed, consistent, and in all respects natural.

*Sumat omni mane, pulveris jalapæ grana decem.*

———— 17th. Finding my patient fully convalesced, the belly regular, the feces formed, and of natural appearance, I recommended exercise in the  
open

open air, and fresh vegetables in diet; and I intimated, that I ceased to take farther charge.

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On the eighth day of the following month, (May) I passed near to the house where my late patient, Ann Rofs lived. Curiosity led me to enquire for her. She was employed in work; she was abundantly muscular and active, and she approached me in a cheerful, playful manner.

This has proved the most protracted case of chorea, under the treatment by purgatives, that has occurred to me; which may be owing, in part, to the duration of the complaint, before I saw the patient, and in part, to her sex. The strong and repeated purgatives that were given, are a proof that the constipation was great; and the almost daily alvine evacuation, and the nature of the stools, shew the accumulation of feculent matter, to have been abundant and offensive. My directions in the conduct of this case, were faithfully complied with, by an anxious



xious and fenfible mother, whom I encouraged to perfevere in the exhibition of purgatives, by positive affurances, that a perfect recovery was to be obtained ; while my little patient was enticed to compliance, by occasional presents, fuited to her time of life.

*Royal Infirmary, April 25th 1805.*

*ELIZABETH WEBSTER, Ætatis 9.*

Is subject to constant irregular and involuntary motions of both the superior and inferior extremities; but the left arm and leg appear less affected than the right. The trunk of the body is also frequently affected by these irregular motions, and there is constant grinding of the teeth during sleep, when these motions are suspended, and she appears calm and easy.

This complaint has existed for about five weeks, and since the 2d of April she has been under a regular course of purgative medicines, which have had various effects, but have given no relief of symptoms; had two spoiled teeth extracted and on the 22d instant she passed a worm of the lumbricus kind, about ten inches in length; her appetite is good, and food is relished; her abdomen is soft, without fulness; power of articulation nearly suspended.

*Recipe—Submuriatis hydrargyri drachmam dimidiam,  
Sacchari albi drachmam unam.*

*Optime*

*Optime terantur, et in pulveres decem æquales dividantur. Sumat unum omni biberio ad quintam vicem.*

*Recipe—Tartritis sodæ et potassæ drachmas sex,  
Fusculi bovini libram unam.*

*Sit solutio partitis vicibus sorbenda.*

*April 27th.* A rather scanty alvine evacuation, fluid, partly of natural appearance, and partly of a greenish colour, not fetid—has passed a bad night, with but little sleep—five of the powders, and about half of the beef-tea taken.

*Continuetur submuriæ hydrargyri, ut heri.*

*Recipe—Tincturæ jalapæ,  
Syrupi, utriusque drachmas tres,  
Aquæ unciam unam.*

*Sit haustus cras mane sumendus.*

*Intermittatur tartaris sodæ et potassæ.*

——— *28th.* Has had three stools, of a deep green colour and fetid—the discharge upon the whole is scanty—has passed a better night, and this morning the involuntary motions are less general and less violent—vomiting succeeded the first dose of the mixture—five powders taken.

*Recipe—Pulveris radicis jalapæ,  
Sacchari rubri, utriusque drachmam unam,*

*Terc intine et divide in doses duodecim.*

*Sumat unam secunda vel tertia quaque hora; supra præscriptis omittis.*



*April 29th.* Has passed a quiet night, enjoying soft sleep—has had ten stools—the feces upon the whole are abundant, of a light greenish colour, partly fluid, and partly somewhat in separate knots, approaching in appearance to scybala; these evacuations are highly fetid—the convulsive motions are still more stayed and less violent—nine powders, taken without reluctance, have been given.

*Continuetur pulvis jalapæ ut heri præscriptum.*

——— *30th.* Alvine discharge, in respect of quantity, cannot be ascertained, feces having been voided without notice in bed; but on the whole they have not been so abundant as yesterday; they are of a lighter colour and fetid—involuntary motions still less violent—appetite for food abates—thirsty—articulation still suspended, and deglutition is difficult.

*Habeat vini rubri,*

*Aquæ, utriusque uncias sex.*

*Sumat unciam, subinde.*

*May 1st.* Four fetid stools, but rather of more natural appearance, since yesterday; evacuation on the whole copious, has been voided without notice—abdomen seems more distended—involuntary motions still abate—pulse is feeble, and looks are rather languid, and muscular flesh apparently wasted—appetite

tite still indifferent—eight powders taken, and wine relished.

*Habeat jusculi bovini libram et dimidiam, indies.*

*Recipe—Submuriatis hydrargyri,*

*Sacchari, utriusque grana tria.*

*Sit pulvis vespere porrigendus.*

*Continuetur pulvis jalapæ, cujus sumat dosem, omni trihorio.*

*Repetatur vinum.*

May 2d. The powder of the evening, and twelve of jalap taken—she appears more languid, and excoriations of different parts of the surface, and some of considerable extent, have appeared in succession for two days past—pulse at the wrist is feeble, and surface is disposed to be cold—no stool—urine passed insensibly—wine has been relished, and little food taken—has had an indifferent night—involuntary motions as last described.

*Recipe—Vini rubri uncias octo,*

*Aquæ uncias sex.*

*Sit mistura partitis vicibus indies sumenda.*

*Injiciantur per anum enematis domestici uncie decem ; dein accipiat per anum, omni trihorio, juris bovini uncias quatuor ; in hunc finem habeat jusculi bovini libras tres ; necnon fistulam armatam.*

*Curentur partes excoriatae more solito.*

*Intermittatur pulvis jalapæ.*

———— 3d. A stool previous to the injection, pretty copious, of a dark green colour, and fetid ; a smaller

smaller one after the house injection; those of beef-tea have been retained—has had a better night, and appears somewhat revived—motions as described—wine relished, and a little beef-tea has been swallowed.

*Recipe—Magneſiæ uſſæ drachmas duas,  
Pulveris jalapæ drachmam unam,  
Mucilaginis Gummi Arabici,  
Syrupi,  
Aquæ cinamomi ſingulorum ſem unciam.*

*Probe miſtis affunde.*

*Aquæ uncias quatuor cum ſemiſſe. Miſturæ agitæ porrigatur uncia una, ter indies.*

*Continuentur vinum et juſculum bovinum, ut heri.*

May 4th. Three doſes of the mixture taken—injections of beef-tea have been continued and retained—ſome beef-tea and a little food have alſo been taken—wine is reliſhed—one pretty copious green coloured and fetid ſtool paſſed in bed—excoriations mend.

*Continuentur miſſura e magneſia, vinum, et enemata e juſculo bovino.*

——— 5th. Four ſtools, of a dark green colour and fetid ſmell; the evacuation upon the whole has been copious, and paſſed in bed—ſpaſmodic motions ceaſe altogether at times, and again return with ſome violence



violence—has passed an indifferent night—appetite mends.

*Continuentur vinum, jus bovinum, et mistura e magnesia.*

A night nurse.

May 6th. Has passed a good night—involuntary motions as last described, with longer intervals between different attacks—appetite more improved, and excoriations more disposed to heal—four alvine evacuations, consistent, dark, and fetid; on the whole in small quantity.

*Recipe—Submurialis hydrargyri,*

*Sacchari, et r. u. ue grana sex.*

*Sit pulvis vespere sumendus.*

*Continuetur mistura e magnesia, ut supra præscriptum, additâ pulveris jalapæ drachma.*

*Continuentur vinum et jusculum bovinum.*

——— 7th. Has passed an easy night—irregular spasmodic motions are now but little perceived—appetite continues to improve—expression of countenance is more lively—pulse calm, and firmer than hitherto—excoriations healing—alvine evacuation of a lighter colour, less fetid, and also less copious than for some days past—calomel given, and mixture as prescribed taken.

*Recipe—Phosphatis sodæ drachmas quatuor e juris bovini uncüs sex sumendas.*

*Continueter*

*Continuetur mistura e magnesia et jalapa.*

*Habeat vinum et jus bovinum, ut supra præscriptum est.*

May 8th. Involuntary motions nearly gone—appetite good—a quiet night—sensible to the stimulus of urine and of feces; the latter has been passed in abundance, is partly fluid and feculent, partly scybalous and of a greenish colour, and still fetid—wine is relished—salts and mixture taken, as prescribed.

*Repetatur phosphas sodæ.*

*Continuetur mistura e magnesia et jalapa, necnon vinum.*

*Intermittantur enemata e juscule bovine.*

——— 9th. Alvine evacuation more in quantity, feculent, of natural colour, with less fetor—irregular motions nearly, if not altogether gone—good night—mixture, and salts, and full allowance of nourishment taken.

*Habeat vini rubri uncias quatuor tantum, quibus admisceantur aquæ uncie quatuor.*

*Continuentur adhuc cathartica.*

——— 10th. Involuntary motions have not recurred—deglutition is free, and she begins to articulate—stools feculent, and natural in appearance and smell.

*Continuetur vinum, necnon miftura e magnesia, adempto pulvere jalapæ.*

*Omittatur phofphas foda.*

May 11th. The alvine difcharge fince yefter-day is abundant, fluid, of a greenifh colour, and more fetid than the laft—excoriations are healed—pulse firm and regular—difpofition to coldnefs of the furface has gradually yielded—fkin now of natural heat.

*Recipe—Submuriatis hydrargyri,*

*Sacchari, utriufque grana quinque.*

*Sit pulvis cras primo mane fumendus.*

*Continuetur miftura e magnesia.*

———— 12th. A more copious and more natural ftool—continues convalefcant.

*Habeat omni mane pulveris radidis jalapæ grana quindecim, cum totidem facchari rubri.*

*Intermittantur miftura e magnesia, et vinum.*

———— 14th. The alvine evacuation of yefterday and of this day abundant, fluid, and without peculiar fetor—pulse regular and firm—articulation not farther recovered.

*Habeat pulveris jalapæ grana fex tantum, indies.*

*May*



May 17th. For two mornings laxative powder not given—alvine evacuation continues sufficiently copious, of natural appearance, and fluid—appetite good, but flesh and strength are slowly recovered—articulation still suspended—pulse calm—good nights.

*Intermittatur pulvis jalapæ.*

——— 18th. Pretty copious alvine discharge from six motions, more fetid than for two days past—considerable fulness of abdomen is still perceived.

*Recipe—Submuriatis hydrargyri grana quatuor,*

*Pulveris jalapæ,*

*Sacchari, utriusque grana octo.*

*Sit pulvis, cras primo mane, sumendus.*

*Habeat vini rubri uncias quatuor.*

——— 19th. A more copious alvine evacuation, still fetid, with slight fulness of abdomen—spontaneous vomiting of contents of stomach this morning, preceded by sickness—wine relished.

*Cras mane repetatur pulvis, heri præscriptus, et repetatur vinum.*

——— 20th. Since taking the powder, a rather scanty alvine evacuation has taken place; it is feculent, fluid, and fetid—fulness of abdomen continues—wine relished.

*Recipe—Infusi fennæ uncias duas,*

*Extracti Glycyrrhizæ drachmam.*

*Solve pro cathartico quam primum sumendo.*

*Vespere accipiat enematis domestici uncias duodecim.*

May 21st. The infusion was taken, and the injection was soon returned without feces—the alvine evacuation on the whole since yesterday has been copious, and fetid, and of a dark colour, with scybala intermixed; for some days she has appeared more wan, and seems to have lost in respect of flesh—the wine is relished, and food taken—no return of involuntary motions.

*Recipe—Infusi fennæ uncias duas cum semisse,*

*Tincturæ jalapæ drachmas tres,*

*Extracti glycyrrhizæ drachmam.*

*Sit mistura cujus sumat unciam, omni hora.*

*Vespere accipiat, per anum, enematis fetidi uncias sex.*

——— 22d. The alvine evacuation, in respect of quantity and appearance, as yesterday, unless perhaps it is more of the natural colour; it contains a few scybala, and is still fetid—the injection was retained nearly five hours, when it was voided, accompanied with much flatus—pulse towards 90, and firmer—abdomen seems less distended—food and wine relished.

*Repetatur infusum fennæ cum tinctura jalapæ; necnon enema fetidum vespere.*

*Continuetur*

*Continuetur vinum.*

*Omittantur alia.*

May 23d. The alvine evacuation is more copious, of a darker colour, and fetid—the injection, retained four hours, was voided along with feculent matter and much flatus—fulness and tension of belly continue to abate—appetite for food flags, but wine is relished—pulse about 90, and feeble—she seems to lose in respect of flesh and strength.

*Habeat quam primum juris bovini libras duas ; cujus injiciantur uncia sex per anum, omni bihorio.*

*Sera nocte sumat bolum jalapæ compositum ; et cras mane repetatur infusum sennæ cum tinctura jalapæ.*

*Continuetur vinum.*

———— 24th. Alvine evacuation, since yesterday, is less copious, fluid and fetid—injections of beef-tea retained—pulse firmer, and more food taken.

*Repetatur vespere enema fetidum, ut supra præscriptum ; cras mane habeat haustum ex oleo ricini.*

*Continuentur vinum et enemata e juscule bovino.*

———— 25th. A feculent stool, with much flatus, in about half an hour from receiving the injection ; another since morning ; on the whole, the alvine discharge is more copious, fluid, and of nearly natural colour, but fetid—appetite continues good—pulse



regular and firm—fulness of abdomen more subsided—had a visit from a brother and sister, both children, in whose company she appeared delighted, and, by account, conversed with them freely and easily; in their absence, she resumes her usual dulness and taciturnity.

*Recipe—Oxidi ferri nigri purificati grana sex,  
Pulveris jalapæ,  
Sacchari rubri, utriusque grana quatuor.  
Sit pulvis, ter indies, e quovis vehiculo, sumendus.  
Repetatur vinum.  
Intermittantur enemata e jusculo bovino.*

May 28th. The alvine discharge, from the 25th till yesterday, has been nearly as described, but rather scanty—no stool these last 24 hours—abdomen seems fuller—feebleness continues—food and wine relished.

*Habeat pilulas aloeticas octo; sumat duas omni biborio.  
Recipe—Tincturæ assæ fætidæ drachmas duas,  
Aquæ tepidæ uncias octo, pro enema, cras mane inji-  
ciendo, ni prius soluta fuerit alvus.  
Intermittatur interea pulvis ex oxido ferri nigro.  
Continuetur vinum.*

———— 29th. Pills being taken in the course of the night, a copious, and, for the first time, formed stool was voided—the injection given, and as yet without

without farther effect—fulness of abdomen, and particularly of the epigastrium, continues—pulse quick, soft and tolerably firm.

*Repetantur pilulæ alseticæ ; quibus sumptis, repetatur etiam enema fœtidum.*

May 30th. A scanty stool in the afternoon of yesterday ; six have since occurred, giving on the whole a copious feculent, fluid, and fetid discharge—the injection was returned accompanied with much flatus—fulness of abdomen continues—appetite good.

*Habeat pilulas aloeticas quatuor vespere ; cras mane repetatur enema fœtidum.*

—— 31st. Has had several stools—the evacuation on the whole copious, fluid and feculent, and without peculiar fetor—belly is less full—articulations distinct, and she has become cheerful and playful.

*Habeat pilulas aloeticas tres tantum, vespere.*

June 1st. Several natural stools—fulness of abdomen continues—in other respects apparently well.

*Pilulas aloeticas, duas tantum.*

*Continuetur vinum.*

—— 2d. *Repetantur pilulæ aloeticæ, et vinum.*

June 3d. *Pilulam aloeticam unam tantum, vespere.*

—— 4th. *Repetatur pilula aloetica.*

—— 5th. Fulness of abdomen much subsided—  
stools natural—in all respects convalescent.

*Habeat pilulam aloeticam secunda quaque nocte.*

*Intermittatur vinum.*

—— 8th. Regular and natural stools—flesh and  
strength regained in some degree.

—— 11th. Has continued well.

*Habeat pilulas aloeticas viginti quatuor.*

*Signa*, one to be taken occasionally, so as a regular state of the bowels may be insured.

Dismissed cured.

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This case has proved equally obstinate with that of Ann Rofs ; at the same time, it is one in which I had the greatest reason to despair of success. I lost all hope more than once ; and I expressed myself to this purpose



purpose to several gentlemen who were witnesses of my conduct, in order to prepare them for my failure. But the steady perseverance in the only means of safety, snatched my patient from danger, and must convince every unprejudiced person of the utility of purgative medicines in chorea.

*Royal Infirmary, Feb. 3d, 1806.*

*ELIZABETH WEBSTER, Ætatis 10.*

For some days past she has complained of general uneasiness, and some degree of lassitude, and yesterday the muscles of her arms were observed to be agitated with irregular and involuntary motions—her looks are rather wan—her lower abdomen feels hard and prominent, and, by account, her belly has been irregular for some time past, owing to the indisposition of her grandfather, with whom she has lived since her dismission in June last—her appetite is somewhat voracious.

*Habeat pilulas ex aloe et colocynthide duodecim,  
Sumat duas omni biborio, et cras mane, pilulis sumptis,  
Infusi sennæ uncias duas.*

*Feb. 4th.* Pills and infusion have been taken and as yet without effect.

*Recipe—Tartritis sodæ et potassæ drachmas quatuor  
Tincturæ sennæ compositæ unciam dimidiam,  
Infusi lini uncias tres.  
Sit solutio quam primum sumenda.*

*Feb.*

*Feb.* 5th. The solution taken, was followed by a pretty copious costive lumpy stool, but of natural colour and not fetid—fulness of abdomen perceptibly less.

*Habeat sera nocte submunitatis hydrargyri grana sex,*

*Pulveris jalapæ grana quindecim.*

*Cras primo mane infusi sennæ uncias tres,*

*Ex infusi lini uncias sex.*

—— 6th. Only one stool, rather scanty, soft and of natural appearance.

—— 7th. Has had a more copious stool, consisting partly of fluid feces, and partly detached, consistent and rather to appearance hard lumps—in other respects feces are natural.

*Recipe—Pulveris radicis jalapæ drachmam*

*Sacchari rubri drachmam dimidiam.*

*Tere intime et divide in doses sex, quarum sumat unam omni triborio.*

—— 8th. Sickness and lassitude are abated—countenance florid and of healthy appearance—by account is more active, with less tendency to irregular motions of the right arm and leg—appetite is more natural—alvine evacuation since yesterday resembles that last described—all the powders have  
been



been taken—temporary sickness followed the exhibition of the last.

*Recipe—Aquæ uncias quinque,*

*Sacchari albi drachmas duas,*

*Tincturæ jalapæ unciam.*

*Sit mistura cujus sumat unciam omni biberio.*

*Intermittantur pulveres jalapæ.*

Animal food to dinner.

Feb. 9th. Sickness and spontaneous vomiting, attributed to the mixture—alvine evacuation has been less abundant, and is fluid.

*Intermittatur mistura cum tinctura jalapæ.*

— 10th. No stool—involuntary motions apparently gone.

*Habeat pilulas aloeticas tres vespere ;*

*Cras primo mane, infusi sennæ uncias duas.*

— 11th. A scanty, but in other respects natural stool.

*Habeat vini rubri uncias quatuor indies.*

*Repetantur cathartica ut heri.*

— 12th. *Continuentur cathartica.*

— 13th. Alvine evacuation has been fluid, otherwise natural, and she has continued free of complaint.

*Recipe*

*Recipe—Pulveris jalapæ drachmas quatuor, divide in doses octo-decim æquales.*

Laxative powders ; one to be given at any time, when appearance of costiveness takes place.

Dismissed cured.

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In this case we have an example of the facility with which chorea is cured, when it is of short duration. Contrasted with the former, and immediately preceding case of the same patient, it clearly proves the truth of this observation.

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Dr. James Home, Professor of Materia Medica and of Pharmacy, in the University of Edinburgh, has favoured me with the following valuable and interesting communication. His candid and polite manner of making it, adds to my obligations to him on this occasion.

Edinburgh,  
Oct. 11, 1805.

DEAR SIR,

I HAVE heard with great pleasure, that you are now publishing an account of the good effects of purgatives, in the cure of some diseases. I take the liberty of sending you therefore, an abstract of two cases of chorea, which occurred in the clinical ward, and which shew in a very striking manner, the good effects of purgatives in the cure of this disease. To these cases you are certainly well entitled, because, as this mode of curing chorea was entirely new to me, and contrary to my opinion of the nature of the disease, the treatment of these cases, was, if you recollect, entirely conducted upon your suggestion. I  
intended



intended also to have sent you a very remarkable history of the good effects of purgatives, in a very bad case of typhus, in which they were employed at your suggestion, but unluckily I cannot at present find it.

I am,

Dear Sir,

Your most obedient Servant,

JAMES HOME.

To Dr. James Hamilton, }  
Physician, Edinburgh. }

MARGARET

*MARGARET JAMESON,*

Was admitted into the clinical ward, upon the 10th of May, 1804. She was sixteen years of age, and of a sanguine temperament. About three months ago, previous to which she had been in good health, some involuntary motions were first observed, in her left arm and leg. These, about a fortnight ago, changed to the right side. At present, these involuntary motions are so considerable, that she can hardly walk, and cannot feed herself. They cease during sleep, which however, is much disturbed. Pulse 84—tongue clean—appetite impaired—thirst considerable—belly costive. The menses have appeared once only, and in small quantity, about a month ago. She had used a great variety of remedies, of the nature of which she was ignorant, without receiving any benefit.

A compound, consisting of the submuriate of mercury and of jalap, at first in the proportion of three grains of the former, and ten grains of the latter, was given. This, however, producing no effects, the quantity of the submuriate of mercury was increased

creased to five grains, and that of the jalap, to fifteen grains. It was repeated four times in eight days. It never operated above four times. The feces were at first natural: they afterwards became black and fetid; and then again assumed a natural appearance. The involuntary motions gradually became better: they ceased altogether, in eight days; and on the tenth day, she was dismissed, cured. As the cure, however, might have been temporary only, she was desired to return frequently to the Infirmary. But, although she presented herself often, she remained entirely free of the disease; and her countenance exhibited the appearance of health and vigour.



*MARY MURRAY,*

Aged 15, and of a delicate, irritable habit, was admitted on the 8th of June, 1804. In her, the disease had commenced about three months before, with pains in her legs and arms. These pains she ascribed to cold, and they were removed by laxatives, and external applications. After this, involuntary motions gradually came on, at first in the right leg, and then in other parts. At the time she was admitted, the muscles of the head, of the lower jaw, of both superior extremities, and of the right leg, were affected, so that she could hardly walk; she could not feed herself; and could not speak intelligibly. She was affected also with frequent headaches; with great imbecillity of the mental faculties; with frequent fits of crying, without any evident cause; and with swelling of the abdomen, towards evening. Pulse about 80—tongue clean—appetite good—belly very bound. The menses had never appeared.

To this patient, five grains of the submuriate of mercury, and fifteen grains of jalap, were given in

the form of bolus, every day, for fourteen days. After this, they were given every second day only; for six days. During these three weeks, this medicine had the effect of producing three or four stools every day. At first, the stools were of a natural appearance; afterwards they became black, and very fetid; gradually, however, they assumed a natural appearance. During this time, she became stronger. Her countenance assumed a healthy appearance, and the involuntary motions gradually diminished, so that she was able to walk more steadily, to carry liquids to her mouth, and to speak more distinctly.

As the progress of the cure appeared to be slow, a compound, consisting of equal parts of the *cinchona officinalis*, and of the *valeriana filvestris*, was given in the quantity of half a drachm twice a day. At the same time, the above purgative was occasionally prescribed, whenever there was any tendency to costiveness, or when the stools were not of a natural appearance. Under this plan, which continued three weeks, this patient gradually got better, so that when she was dismissed, after having continued in the Infirmary about six weeks, the involuntary motions had entirely ceased, and she was in perfect health.

I have had favourable accounts of the efficacy of purgatives in chorea from Dr Freer, Professor of the Practice of Physic in the University of Glasgow, from Dr Rhind, Physician in Stirling, and from Dr Wightman, Physician in Dunbar : This last gentleman, in a letter of date 9th of January, 1806, addressed to me, *inter alia* thus expresses himself : “ I have derived considerable instruction from your late valuable treatise on the use of purgative medicines in different diseases ; I have been successful in curing a very obstinate case of chorea by this mode ; it required a prosecution of the course for about six weeks, and had it not been for the encouragement, which you held out in the cases you detail, I frankly acknowledge I should have abandoned it, before the cure was completed.



## APPENDIX,

No. VIII.

## CASES OF HYSTERIA.

*Royal Infirmary, Sept. 12th, 1803.**JEAN DOUGALD, Ætatis 45.*

Seven days ago, was attacked with pain of abdomen, borborygmi, and the sense of a ball moving up towards her throat, occasioning the feeling of suffocation, after which she became insensible, and continued in that state for some time ; on recovering she had frequent eructations of flatus. Since that time, she has had several fits of the same kind. Pulse about 70—belly costive—catamenia have ceased.

*Habeat bolum e jalapa cum mercurio.*

Sept. 12th. One costive stool.

*Repetatur bolus a jalapa cum mercurio.*

—— 13th. One stool more fluid and natural—  
pain of abdomen, eructations, and hysterical symptoms  
have not returned.

*Repetatur bolus a jalapa cum mercurio.*

—— 14th. *Sumat indies solutionis assæfætidæ unciam dimidi-*  
*am, ad tertiam vicem.*

—— 23d. Belly has been regular, stomachic  
symptoms have not returned.

*Recipe—Tincturæ assæfætidæ uncias duas.*

*Signa,* fifteen drops twice a day in a glass of  
water.

Dismissed cured.

*Royal Infirmary, March. 16th 1805.*

*JEAN LAWRIE, Ætatis 17.*

Is subject to violent involuntary and irregular motions of the trunk and extremities, which generally last from five to ten minutes, and sometimes return several times successively, without any apparent cause. Complains of severe headach during the intervals, and flying pains in her loins, breast, and extremities. Pulse at present 104 and weak—face flushed—skin hot, alternating with a sense of cold—belly rather bound—catamenia, which were suppressed for upwards of four months, returned about eight days ago.

Was seized yesterday, while walking, with pains in the breast and back, faintness and difficulty of respiration. These continued for about half an hour, and were succeeded by a fit, as above described. Has been subject to headach, vertigo, and stomach complaints, for about three years.

*Habeat quam primum bolum jalapæ compositum, et post horas quatuor, si prius alvus dejiciatur, enema domesticum.*



*March 17th.* One costive, but in other respects natural stool—tongue clean—pulse calm—headach continues, with flushings of face—three attacks of spasmodic affection, as described, but in a slight degree, since admission—has passed an easy night.

*Habeat pilulas ex aloe et colocynthide duas, quarta quaque hora usquedum fluat alvus.*

—— 18th. Twelve pills taken—no stools procured—headach is relieved—one fit of short duration, resembling hysteria.

*Habeat quam primum enema purgans; et cras primo mane bolus jalapæ compositus, cum calomelanas granis octo.*

—— 19th. Several copious dark and fetid stools after the injection—none since the bolus of this morning—headach is relieved—no return of paroxysm.

*Repetatur enema purgans quam primum.*

—— 20th. Two slight fits—several stools.

*Repetatur bolus jalapæ compositus, cras mane.*

—— 21st. No recurrence of fits—pain under the sternum, increased by the recumbent posture, continues—headach gone—free passage of belly—pulse calm.

*Imponatur vesicatorium sterno qua dolet.*

*March*

*March 23d.* Blister has risen well, and pain is relieved—no stool—no recurrence of fit.

*Cras mane repetatur bolus jalapæ compositus.*

—— 25th. Has had full passage of belly—free of complaint.

*Pilulas ex aloe et gambogia octodecim.*

*Signa.* One or two occasionally at bed-time.

Dismissed cured.

*Royal Infirmary, January 2d. 1806.*

*ISABELLA BLACK, Ætatis 18.*

Complains of severe pain at the scrobiculus cordis, slight headach and nausea, with passing sickness—she describes the pain as if the sides of the chest were drawn together, which continuing for some time relaxes, and she has considerable ease for a few minutes, when the pain returns with the same uneasy feeling—pulse about 80 and full—tongue white—belly flow. This affection came on suddenly about five hours ago when carrying water up a stair, but says she has been subject to similar attacks for some time.

*Bolum jalapæ compositum.*

*January 3d. As yet no stool.*

*Habeat quam primum haustum ex oleo ricini, cum olei uncia.*

*Vespere si opus sit enema domesticum.*

*January*



*Jan.* 4th. Headache and sickness—gastrodynia, with sense of drawing or tightness, are abated—one return only of spontaneous vomiting—pulse calm—tongue clean—three copious stools of natural appearance, but fetid smell—an easy night.

*Habea: pilulas aloeticas octodecim, sumat tres omni trihorio usque- dum iterum exoneretur alvus.*

—— 6th. During the night betwixt the 4th and 5th, she complained more of gastrodynia, and she had several attacks of syncope with feeling of occasional globus. All these symptoms continued to distress her in the course of yesterday. The pills last prescribed having been taken without effect, the following solution was given.

*Recipe — Infusi fennæ uncias quatuor,  
Tartritis potassæ et sodæ unciam cum semisse,  
Infusi lini uncias octo.  
Misce.*

She passed an uneasy night, but has been free of complaint since morning. Copious dark coloured, and fetid alvine discharge has been procured.

*Habeat pilulas aloeticas sex.*

*Cras primo mane infusi fennæ uncias tres, ex infusi lini uncis sex.*

—— 7th. No stool. Infusion not given—no complaint.

*Habeat quam primum infusum fennæ ut heri præscriptum.*

*Jan.*

*Jan. 8th.* Has had free passage of belly.

*Habeat pilulas ex aloë et colocynthide duodecim.*

*Signa,* purgative pills—one or two at bed time.

Dismissed cured.

*Royal Infirmary, January 25th, 1806.*

*SARAH MACMILLAN, Ætatis 14.*

On the afternoon of the 23d instant, she was suddenly seized with sickness and fainting, and remained for some time in a state of insensibility—when she began to laugh, cry, and scream alternately, and the whole body became agitated with violent convulsive motions—in the course of three hours she became calm, and seemed to fall into a sleep, but was observed to sob and sigh much—when she awoke, she complained of headach, and an uneasy feeling about the præcordia. Yesterday she was again attacked in a similar manner, but the paroxysm was preceded by borborygmi and globus, and during the whole of last night the fits were almost constant—pulse at present 66—tongue white, belly said to be rather slow, she complains of severe headach and pain of loins—catamenia appeared for the first time about ten months ago, and have been regular and are now present. During the first paroxysm she took

4

a draught



a draught containing camphor, but without relief.

*Habeat statim, bolus jalapæ compositum.*

*Cras mane infusi sennæ uncias tres.*

January 26th. Previous to the exhibition of the infusion of senna, a large, costive, dark coloured stool took place—passed an easy night without farther attack of hysteric paroxysm—the last occurred yesterday about one o'clock afternoon.

*Sera nocte repetatur bolus jalapæ compositus, cum mercurii granis decem, et*

*Repetatur cras mane infusum sennæ.*

——— 27th. Repeated and severe hysteric paroxysms in the course of last evening—complains of headach—eyes appear dull—pulse about 80 and soft—no alvine evacuation since the exhibition of the bolus and infusion of senna—after the cessation of the paroxysms she passed an easy night—fluunt catamenia.

*Habeat quam primum enema purgans.*

*Habeat pilulas aloeticas octodecim—sumat tres omni triborio.*

*Et pilulis sumptis, quadriborio exacto,*

*Repetatur enema purgans, ni plene prius exoneretur alvus.*

*Applicentur hirudines quatuor utrique tempori.*

*January 28th.* Complains still of headach—but eyes are less heavy—pulse calm—no return of hysteric paroxysm—she has passed an easy night—some food taken—injection of last evening was followed by copious alvine evacuation at different motions—at first the feces appeared costive, the latter ones were less so, but formed—the whole of a dark colour and fetid—the pills have been taken without farther effect—leeches did not succeed well.

*Repetantur omnia ut heri.*

——— *29th.* Alvine evacuation since yesterday sufficiently abundant—of a whitish colour, and seemingly of a clayish consistence—headach gone—eyes are lively—two slight hysteric paroxysms last evening.

*Sera nocte habeat bolum jalapæ compositum, cum mercurii granis octo.*

*Cras mane haustum ex oleo ricini, cum olei drachmis duodecim.*

——— *30th.* No return of hysteric paroxysm—alvine evacuation plentiful, somewhat scybalous, otherwise natural.

*Habeat omni mane pulveris jalapæ compositi drachmam.*

*February 1st.* As yet no stool—catamenia pridie defluxerunt.

*Habeat*

*Habeat quam primum infusi fennæ uncias quatuor ;*

*Vespere pilulas aloeticas quatuor.*

*Cras mane repetatur pulvis jalapæ compositus.*

*Feb.* 2d. Pretty full alvine evacuation—feces consistent, formed, and nearly of natural appearance—free of complaint.

*Habeat pulveris radice jalapæ semunciam divisam in doses octo.*

*Signa*, laxative powders—one every morning.

—— 3d. Dismissed cured.



## APPENDIX.

No. IX.

## CASES OF TETANUS.

*Royal Infirmary, Aug. 27th 1805.**DAVID M'KENZIE, Ætatis 66.*

COMPLAINS of most excruciating pains in his legs, thighs, and arms, and about the scrobiculus cordis; the muscles of his legs and thighs feel hard and contracted, and are frequently agitated by violent, irregular, and involuntary motions. The muscles of the thorax and abdomen are occasionally affected with the same involuntary motions, giving a sense of suffocation, and severe pain. Has sometimes a difficulty in swallowing—pulse 90, weak and hard—fea-

tures much shrunk—tongue foul—complains of constant purging, with gripes—is unable to articulate, but in a low whisper.

Says, that last night, about twelve o'clock, when asleep, he was roused with severe pain in his legs; they were contracted, and he was unable to stretch them out. In about an hour, the pain became easier, and he could move them a little, but the pains and spasm have continued to recur every half hour since.

*Injiciatur quam primum enema anodynum, cui addantur tincturæ opii guttæ octoginta.*

*August 28th.* Last night, about the time he was first seized, the spasmodic action became very violent. The muscles of his legs were much agitated, and contracted, and the knees drawn up towards the abdomen; he was unable to speak or move; the injection, which was given about two hours before, was retained only a few minutes.

*Recipe—Camphoræ grana decem,  
Sacchari drachmas duas,  
Tere simul intine, dein adde,  
Mucilaginis mimosæ niloticæ  
drachmam et dimidiam.  
Aquæ unciam.  
Si haustus statim sumendus.*

*August*

*Aug.* 28th, Noon. Since the exhibition of the draught, he has been quiet, and slept some; the spasmodic action of the muscles of the lower extremities has recurred, but not so severely—complains still of pain about the scrobiculus cordis—thirst urgent—diarrhœa continues—has passed only about four ounces of urine, since admission.

*Continuetur haust. e camphora.*

*Recipe—Tartritis sodæ et potassæ drachmas sex,*

*Infusi fennæ uncias duas,*

*Aquæ uncias sex;*

*Sit solutio statim sumenda.*

*Habeat vini rubri uncias octo.*

—— 29th. Paucity of urine, and prevalence of diarrhœa continued; the stools were scanty, white-coloured, and fetid—since the exhibition of the cathartic, a very copious alvine evacuation has taken place; it is fluid, of a mixed greenish and clayish colour, of a somewhat acid smell, and otherwise of a peculiar fœtor.

Two camphor draughts have been given, and wine has been used—pulse is less hard—cramps of the lower extremities occasionally recur since morning, but the involuntary action of other muscles has ceased—countenance lightened—he has enjoyed some sleep.



*Repetatur quum primum solutio cathartica, qua sumpta, horis quatuor elapsis, accipiat enema purgans; alvo reddita, habeat haustus cum tincturæ opii guttis quadraginta.*

*Habeat juris boviini, libras duas.*

*Repetatur vinum.*

*Intermittatur haustus cum camphora.*

Aug. 30th. Injection given—was soon returned—he has had very copious alvine evacuation—fluid, of a dark-green colour, and of a high, and peculiar fetor—pain of epigastrium gone—two slight attacks of spasm of the lower extremities, last night—no other irregular muscular action has occurred—tongue clean and moist—pulse feeble—a peculiar fulness, and general tension of abdomen is perceived—wine has been relished, and he has passed a good night.

*Habeat pilulas aloeticas duodecim; sumat tres omni biborio; hisce sumptis, habeat enema domesticum, ni prius exoneretur alvus.*

*Repetantur vinum et haustus anodynus.*

—— 31st. Pills and injection given—feculent discharge less copious than yesterday, and less fetid; is of a clay-colour, partly fluid, and partly scybulous. Fulness and tension of abdomen gone—a slight return of spasm of the lower extremities was of short duration—surface inclines to be cold—pulse feeble

feeble—drowsy, with pain across the forehead—pills taken.

*Foveantur crura, tertia quaque hora, semihoræ spatium.*

*Continuentur jusculum bovinum, et vinum.*

*Omittatur haustus anodynus.*

Sept. 1st. Has had farther alvine evacuation—fluid, of a more natural appearance, without fetor or scybala—spasmodic affection has once appeared, and has been slight—surface warm—pulse firmer—painful affection of both eyes—headach and drowsiness gone.

*Abluat oculos solutione sulphatis zinci subinde.*

*Habeat cras mane pulveris jalapæ compositi scrupulos duos.*

*Continuetur vinum.*

—— 2d. Pain and inflammation of eyes are relieved—one short and slight return of cramp of the lower extremities—countenance has a more natural, and more lively appearance—appetite improving—no stool.

*Repetatur quam primum, pulvis jalapæ compositus, et vespere, si opus sit, accipiat enema domesticum.*

*Repetatur vinum.*

—— 3d. Has passed an indifferent night—has had longer and more severe attack of cramp in the lower extremities—a costive, green, and fetid stool followed

followed the injection, when previous uneasiness subsided. He appears more languid, but pulse continues firmer, and surface warm—tongue clean—appetite declines.

*Habeat infusi sennæ uncias sex.*

*Unciam quam primum, omni hora repetendam. Infuso sumpto, accipiat iterum enema domesticum.*

*Repetatur vinum.*

Sept. 4th. No return of spasmodic affection—has used more food—affection of eyes gone, and looks are improved—has had copious, and more natural than hitherto alvine evacuation, upon the injection being given, the infusion having been previously taken—complains of gripes.

*Recipe—Mucilaginis mimosæ niloticæ semunciam,*

*Magnesiæ drachmas duas,*

*Pulveris jalapæ drachmam.*

*Probe mistis affunde aquæ uncias sex.*

*Misturæ agitatæ sumat unciam, secunda vel tertia quaque hora.*

*Habeat vini rubri libram indies.*

—— 5th. Fluid and natural alvine evacuation in full quantity—gripes continue.

*Sumat dosim misturæ e magnesiæ, quarta quaque hora—pilulam thebaicam vespere.*

*Repetatur vinum.*

Sept.



Sept 7th. Gripes are gone—spasms have not recurred—alvine evacuation, natural and plentiful—appetite good.

*Intermittantur medicamenta et vinum.*

—— 9th. Belly rather open.

*Habeat aquæ calcis uncias, tres, quater indies.*

—— 13th. Belly has been regular.

Dismissed cured.

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In this case the early exhibition of camphor was accidental ; and the use of it was speedily relinquished. I ordered laudanum in compliance with common custom ; but we may gather from the report of the 1st September, that it was given with no good effect. The small quantity of wine which I prescribed, respected the general debility and exhausted state of the poor patient, suffering under a painful disease ; I did not view it in the light of a medicine operating towards a cure, which I conceive to have been effected in this case, by the purgative medicines alone.

*Royal Infirmary, 2d Nov. 1805.*

*ALEXANDER BULLER Ætatis 35.*

Twice in the course of last night, and once since morning he has been affected with a violent spasmodic action of the muscles of the thorax and lower extremities, during the continuance of which he was unable to speak or move, and breathed with much difficulty. The muscles of the extremities felt like stretched cords with several small knots in different parts. There were also two lumps near the scrobiculus cordis evidently formed by the contraction of the muscles—these lumps on the chest were only of momentary duration, but returned frequently for the space of five or six minutes. The affection of the extremities was stationary for that period—he complains of constant pain in his arms and shoulders impeding the free motion of the joints, and after each attack of the cramp he had frequent flatulent eructations—pulse quick and sharp—tongue foul—belly very costive.

Has been in the house for about a month for a slight venereal affection, for which he used mercury in the form of ointment—the chancres have healed, and his mouth which was affected is now quite well—as he complained of costiveness, he was ordered yesterday, previous to the present complaints,

*Pulveris jalapæ compositi drachmam,*

and in the course of the night he had three fetid, dark coloured and costive stools.

*Recipe—Infusi sennæ uncias quinque,*

*Tincturæ sennæ compositæ unciam,*

*Infusi lini uncias sex.*

*Sit mistura cujus sumat uncias tres omni hora usquedum fluat alvus, et vespere ni plene alvus soluta fuerit accipiat enema purgans.*

November 3d. One slight attack of pain of breast, with affected respiration as described, and also of the left lower extremity—no farther recurrence of spasmodic affection—pain of superior extremity continues, with swelling of left wrist since yesterday—pulse quick and full—infusion being given, a copious costive light coloured stool ensued—injection being also given, was followed by a fluid dark coloured alvine evacuation.

*Recipe—Haustum ex oleo ricini, cum olii uncia,*

*Tincturæ sennæ compositæ unciam.*



*Sit mistura statim porrigenda, et vespere si opus sit repetatur enema purgans.*

*Applicentur hirudines quatuor metacarpo dolenti.*

Nov. 4th. No return of spasm—wrist less pained—tongue clean—pulse calm—has had full alvine evacuation—little or no food taken.

*Habeat juris bovini libram,*

*Cerevisiæ tenuis libras duas vel tres indies.*

——— 5th. Spasmodic affection with oppressed breathing and general uneasiness of the muscles of the abdomen yesterday evening. This attack continued only for a few minutes, but left him for a considerable time sick and faint—pain of left wrist is gone—pain of right arm and of right wrist has supervened—pulse calm—a dark coloured stool in the course of the evening.

*Habeat quam primum pilulas ex aloe et colocynthide duodecim,  
Sumat tres omni biberio.*

*Recipe—Infusi sennæ uncias quatuor,*

*Infusi lini uncias sex.*

*Sit mistura, pilulis sumptis, duabus vicibus porrigenda.*

——— 6th. Pain and swelling of right wrist continue—spasmodic affection has not recurred—pulse about 70 and soft—copious fluid and fetid alvine discharge— a bad night.

*Applicentur*

*Applicentur hirudines quatuor carpo dolenti.*

*Habeat haustum anodynum vespere.*

*Cras mane haustum ex oleo ricini, cum olei uncia et tincturæ  
fennæ compositæ drachmis quatuor.*

Nov 7th. Pain of wrist relieved—no return of cramp—an easier night—thirst, of which he had complained, is abated—pulse soft—alvine evacuation scanty, of a clay colour and fetid.

*Habeat pilulas aloeticas duodecim, sumat tres omni trihorio.*

—— 8th. Thirst more abated with improving appetite—an easy night—no return of cramp—alvine discharge more copious than hitherto, partly fluid, and partly of unusual consistence, fetid, and of a clay colour—twelve pills taken.

*Habeat omni mane pulveris jalapæ compositi,*

*Scrupulos duos.*

*Continuetur haustus.*

—— 9th. He continues convalescent—pretty copious alvine discharge, discoloured and fetid.

*Repetatur pulvis jalapæ compositus.*

—— 10th. Three copious alvine evacuations of more natural appearance and consistence, and less  
fetid

fetid than hitherto—free of complaint—appetite good.

*Habeat pulveris jalapæ composui semidrachmam, omni mane.*

Full diet.

——— 13th. Belly open—feces natural.

A bit of beef steak daily.

——— 14th. Belly rather open—stools natural—free of complaint—strength and appetite much recovered.

*Habeat aquæ calcis uncias duodecim, partitis vicibus indies.*

——— 17th. Belly regular.

*Omittatur aqua calcis.*

——— 19th. Dismissed cured.

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If the symptoms, in this case, are not precisely those of tetanus; they certainly denote a disease greatly resembling it. And if mercury, as some maintain, removes the severest tetanic spasm, it may appear singular that it had no effect in averting that, which, in the present instance, supervened so immediately upon a full mercurial course.

*Royal*



*Royal Infirmary, Dec. 29th 1805.*

*BETTY NESBIT, Ætatis 24.*

Complains of severe pain at the scrobiculus cordis, and along the margin of the false ribs of the left side—also of shooting pains in the back of the neck descending along the spine—occasional severe head-ach accompanied with pain in the orbits and much dimness of sight—general debility and loss of appetite—pulse 96 and soft—tongue clean—belly flow—catamenia have been suppressed for three months, during which time she has had these complaints; which, however, have been much aggravated for the last fortnight, and attended with obstinate costiveness—was blooded and got some medicines, of which she can give no account.

*Habeat cras mane bolum jalapæ compositum.*

*December 30th.* One scanty fluid green coloured stool.

*Habeat pilulas aloeticas duodecim sumat duas omni biborio.*

*Pilulis sumptis, accipiat enema purgans si opus sit.*

*Dec.*

*Dec. 31st.* Headach and pain of the orbit of both eyes are relieved—pain of scrobiculus cordis and along the margin of the false ribs, stiffness and pain of hind neck, shooting down the spine, continue. This last seems to excite or is accompanied with occasional spasmodic affections of both arms—has had copious and dark coloured alvine evacuation—pills have been taken and injection given.

*Repetantur pilulæ aloeticæ ut heri.*

*Cras primo mane habeat infusi sennæ uncias quatuor, ex infusi lini uncias sex, duabus vicibus.*

*January 1st, 1806.* Sicknefs farther relieved, and headach and pain of the orbits less uneasy than yesterday—affection of hind neck, of spine, and the spasms continue—has had plentiful alvine evacuation—the first motion was costive—latter ones less so, but consistent; the whole of natural appearance.

*Repetantur pilulæ aloeticæ, et infusum sennæ ut heri.*

——— 2d. The affections of hind neck, of spine, and of both arms have been more severe during last night and this morning; all of these, but particularly the latter, she now admits have been present twelve months, and came on after much mental agitation. Has had spontaneous vomiting—alvine discharge

charge has been copious, and consists, chiefly of large scybala floating in a dark green fetid fluid.

*Continuentur pilulæ aloeticæ, et infusum sennæ.*

Jan 3d. Pretty copious alvine discharge, containing scybala, but in other respects more natural than yesterday—retching has occurred.

*Recipe—Carbonatis magnesiæ,*

*Pulveris radice rhei utriusque, grana quindecim.*

*Misce, fiant pulveris tales duodecim.*

*Sumat unum omni bihorio, ex aqua menthæ*

*Uncia cum semisse, usquedum iterum fluat alvus.*

——— 4th. Twelve powders taken—alvine evacuation scanty, more natural and less scybalous—pain of the orbits still more relieved—that of hind-neck and spasmodic affection considerably abated—no return of vomiting—headach continues—gastrodynia aggravated.

*Habeat quam primum pilulas thebaicas tres.*

*Vespere enema purgans.*

*Intermittantur pulveres rhei.*

——— 5th. Gastrodynia continued severe during the first part of the night—it remitted towards morning, and is now nearly gone—headach is abated—pain of hind neck, of orbits, and spasm have disappeared—has had scanty alvine evacuation.

*Jan.*



Jan. 6th. *Recipe—Sulphatis magnesiæ drachmas quinque,  
Supertartritis potassæ drachmam,  
Infusi sennæ uncias tres,  
Infusi lini uncias sex.*

*Sit solutio quam primum, duabus vicibus, sumenda.*

—— 8th. Alvine evacuation upon the exhibition of the last physic rather scanty—headach and pain of orbits are returned.

*Repetatur solutio sulphatis magnesiæ ut supra.*

—— 9th. Has had full alvine evacuation—headach is gone—pain of orbit continues.

*Applicantur cucurbitulæ cum ferro utrique tempori, et è singulis temporibus effluent sanguinis uncia tres vel quatuor.*

—— 10th. Pain of orbits gone, and otherwise free of complaint—full quantity of blood taken.

*Habeat pilulas aloeticas tres omni nocte.*

*Sulphatis magnesiæ drachmas quatuor omni mane.*

Full diet.

—— 13th. Belly has been fully regular.

*Habeat pilulas aloeticas triginta sex.*

Laxative pills—two, three, or four for a dose, when necessary.

Dismissed cured.

## APPENDIX,

No. X.

## CASES OF CHRONIC DISEASES.

*Royal Infirmary, March 19th. 1804.**MARGARET CLAPPERTON, Ætatis 20.*

COMPLAINS of fixed pain situated in the left side, with occasional difficulty of respiration; pain at stomach; with flatulence; and loss of appetite—pain of loins—catamenia have been irregular—pulse about 90, and full. These complaints began about twelve months ago, with pain of stomach, and have gradually increased since.

*March 20. Bolum jalapæ compositum, vespere.**Infusi sennæ uncias duas, cras mane.*

*March 21st.* Copious alvine evacuation—pain of side, of loins, and flatulence still continue—pulse 80—stomach is relieved.

*Cras mane repetatur bolus jalapæ compositus.*

*Infusi amari unciam dimidiâ, quater de die.*

— 22d. Pain of stomach still farther abated, and flatulence relieved—pain of side and loins continue—copious alvine dark coloured discharge.

*Recipe—Carbonatis magnesiæ scrupulum,*

*Pulveris jalapæ grana decem; fiat pulvis omni mane sumendus.*

*Continuetur infusum amarum.*

— 26th. Belly has been regular—stools of a natural appearance—pain of side gone—that of loins continues—pulse calm.

*Continuentur pulvis carbonatis magnesiæ, &c.*

— 27th. Pain of loins gone.

*Habeat pulveris jalapæ et magnesiæ, et supra præscriptum numero viginti.*

Dismissed cured.



*Royal Infirmary, Jan. 13th 1803.*

*EUPHAN MAYGLES, Ætatis 29.*

Complains of pain and sense of weight at the scrobiculus cordis increased on pressure, with occasional sickness, and vomiting of ingesta—loss of appetite—is much emaciated—pulse 72—tongue clean—catamenia regular—no passage of belly for eight days, during which the above symptoms have been much aggravated, though by account, she has been more or less subject to them for about two months, during which she has been habitually costive.

*Enema domesticum statim.*

*Cras primo mane, tartritis sodæ et potassæ unciam ex aqua, duobus vicibus.*

*January 14th.* Three stools—the first by the injection was costive, the two latter, since the exhibition of the laxative, scanty. Pain of epigastrium, and sickness continue.

*Recipe—Pilulæ aloeticas, duodecim.*

*Sumat duas omni trihorio.*

Jan. 15th. Stomachic symptoms and uneasiness of abdomen continue—one very scanty and costive stool—the twelve pills taken.

*Injiciatur quam primum enema purgans.*

*Repetantur pilulæ aloeticæ, ut heri sumendæ.*

—— 16th. A scanty stool after the injection; another more abundant, and of more natural appearance, since morning—pain of epigastrium and sickness are relieved—vomiting has not recurred—tongue clean—pulse calm—an indifferent night.

*Recipe—Tincturæ sennæ compositæ drachmas septem,*

*Tincturæ opii ammoniatæ drachmam.*

*Sit haustus, vespere sumendus.*

—— 17th. Two stools, both scanty, by account, of natural appearance—pain of epigastrium and sickness continue easier—no vomiting—a good night.

*Repetatur haustus, ut heri.*

—— 18th. Two stools, copious, and of natural appearance—continues convalescent—an easy night.

*Continuetur haustus e tinctura sennæ.*

—— 19th. One scanty stool—a good night.

*Pilulas aloeticas quatuor, vespere.*

*Infusi*

*Infusi sennæ uncias tres, ex infusi lini uncias sex, cras primo mane.*

*Intermittatur tinctura sennæ composita.*

Jan. 20th. Two scanty stools since morning—pain of epigastrium continues easy—a good night.

*Pilulas aloeticas duodecim, duas omni trihorio, usque dum rite fluat alvus.*

—— 21st. By account, has had two copious natural stools.

Free of complaint.

*Habeat omni mane, pulveris rhei grana duodecim.*

—— 22d. Appetite improves—belly regular.

*Continuetur pulvis rhei.*

—— 25th. Belly has become slow—complains of headach, and spontaneous vomiting occurred in the course of yesterday—tongue clean—pulse calm.

*Sulphatis magnesiæ drachmas quatuor,*

*Supertartritis potassæ drachmam,*

*Sumantur quam primum, ex aqua.*

*Habeat pulveris jalapæ compositi drachmam dimidiam omni mane.*

*Intermittatur rheum.*

—— 26th. No return of vomiting—headach abated.



Pretty copious dark coloured alvine discharge.

Jan. 27th. Belly is regular; in other respects convalescent.

*Continuetur pulvis jalapæ compositus.*

Full diet.

—— 30th. No stool for two days.

*Recipe—Sulphatis magnesiæ drachmas quatuor,*

*Supertartritis potassæ,*

*Foliorum fennæ, utriusque drachmam.*

*Infundantur semihoram in aquæ fervidæ unciis octo, quam primum sumenda.*

Feb. 4th. *Recipe—Extracti cathartici drachmas duas, in pilulas triginta equales divisas.*

*Signentur*, laxative pills, one or two when necessary

Dismissed cured.

*Edinburgh, Oct. 1805.*

A young woman of a delicate constitution, but not liable to general bad health, was seized with frequent violent and bound cough, unattended with pain of breast, dyspnœa, quickness of pulse, or heat of surface. In order to mitigate the cough, the severity of which excited much alarm, lest rupture of vessels, and hæmoptysis should ensue; bloodletting was practised once and again, and a blister was applied to the breast; while a low regimen was enjoined, and laudanum was given to procure sleep, which the cough had altogether banished. These means so likely to have procured relief, were of no avail.

The experience of the effect of some purgative medicines, which had been given in the course of the disease, proved that the patient was either of a peculiarly constipated habit of body, or laboured under temporary constipation. It seemed, therefore, reasonable to me, as well as to another medical gentleman in attendance, to force the alvine evacuation by more powerful medicines, than we had as yet employed. We succeeded, but not without difficulty, in attaining the object in view. The appearance and odour of the feces evinced their morbid state; while the quantity that was dislodged proved that the fe-

culent accumulation had been great. And there was no doubt of these circumstances having been the cause of the ailment, for the cessation of the cough, and the progress of convalescence kept pace with the gradual unloading of the bowels. Our patient was so satisfied of this, that she readily agreed to follow out a regular course of purgative medicines, in order to preserve her bowels in a regular state of daily and full evacuation.

This patient four months afterwards, had another attack of pectoral symptoms, different however from the former one. She now complained of acute fixed pain across the lower part of the sternum, aggravated by the gentlest bodily exertion, and attended with great languor and feebleness. Her appetite was altogether gone—she passed sleepless nights—her countenance betokened much distress—her cheeks were alternately flushed and pale. With these symptoms she had no cough, and when completely at rest, even in the recumbent posture, no dyspnoea.

On the first attack, the pain was so violent, as to threaten instant suffocation, which appeared to have been averted only by a prompt and copious bleeding. Bloodletting was afterwards repeated; which, as well as blistering, was of no use; the application of leeches seemed



seemed to mitigate the pain ; and on account of it, low diet was enjoined.

The other medical gentleman in attendance, and I, trusting to the account of our patient, and to the appearance of one alvine evacuation, were satisfied that the belly was regular ; and we were the more readily so, as our patient, ever since her former indisposition, had been accustomed to attend to this circumstance.

Disappointed in our expectations of relief, we now became seriously alarmed, dreading the existence of vomica, with which we connected apprehensions of impending phthisis. These fears were not altogether concealed from the friends of our patient, who immediately asked the assistance of another medical gentleman.

Our joint opinion now turned upon the probability, that the disease might depend upon nervous irritation. Exercise in the open air, a fuller diet, and a tonic powder and mixture, were proposed. The patient's inability to bear the slightest motion, and her total want of appetite, precluded compliance with the two first proposals ; and the tonic medicines, taken with great reluctance, were scarcely in use, when  
a copious,

a copious, fluid, dark coloured, and peculiarly fetid stool arrested our attention. The previous history of this patient's health, and the present occurrence, indicated clearly our line of practice. Much fetid feculent matter was brought off by appropriate purgative medicines; immediate abatement of the pain took place, and complete relief in all respects soon ensued. In eight or ten days no vestige of complaint remained. The patient is now perfectly well.

*Royal Infirmary, Feb. 7th 1805.*

*JEAN M'DONALD, Ætatis 28.*

COMPLAINS of pain, and sense of weight at the epigastric region, increased on pressure, vomiting of ingesta, in an acid state, with frequent eructations, headach, and vertigo, vague pains in her limbs—strength is impaired—loss of flesh—appetite bad—pulse 80—skin cool—tongue white and moist—thirsty—belly is habitually costive—catamenia have been suppressed a twelvemonth, during which period she has been more or less distressed with the above symptoms—has used no remedies.

*Feb. 8th.* No stool since admission.

*Recipe—Extracti colocynthidis compositi drachmam et dimidiam,  
Forma in pilulas viginti quatuor.*

*Sumat duas omni bihorio usquedum responderit alvus.*

—— 9th. Three copious stools, of a dark greenish colour, and fetid—sense of weight at scrobiculus cordis—headach and vertigo are considerably relieved. Sixteen pills taken.

*Feb.*



Feb. 10th. Three copious, and in appearance, more natural stools, since yesterday. Spontaneous vomiting, and acid eructations do not recur—indifferent appetite.

—— 11th. Vomiting occurred in the evening—gastrodynia since morning.

*Recipe—Carbonatis magnesiæ scrupulos duos,*

*Pulveris rhei scrupulum,*

*Stimantur ex aquæ menthæ pipéritidis uncis duabus.*

—— 12th. Gastrodynia gone—vomiting has not recurred, and in other respects is free of complaint—tongue clean—pulse calm—no stool.

*Sumat statim infusi sennæ uncias tres, ex infusi lini uncis sex.*

*Sera nocte enema purgans, si opus sit.*

—— 13th. A copious, consistent, blackish, and fetid stool, upon the exhibition of the injection—general pain of abdomen—pulse calm.

*Pilulas aloeticas sedecim.*

*Tres omni triborio.*

—— 14th. Has had several stools, of dark, or greenish appearance—the alvine discharge on the whole, copious—pain of abdomen gone—nine pills taken.

*Habeat*

*Habeat salis polychrestī drachmam dimidiam,*

*Pulveris rhaei grana quindecim.*

*Sit pulvis omni mane sumendus.*

Full diet.

*Feb.* 18th. Has had regular stools, and continues convalescent.

*Recipe—Sulphatis magnesiæ unciam,*

*Supertartritis potassæ,*

*Sulphatis potassæ cum sulphure, utriusque drachmas duas.*

*Signentur*, to be dissolved in a pint and a half of water, and a tea-cupful taken each morning.

Dismissed cured.

FINIS.















6.4



